196

X

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12100 CERTIFICATE OF DEATH

12014

Reg. Dist. No.

	Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 5. STATE 6. COUNTY
allegains MARYLAND	Warefland alleganis
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town)	c. CITYOR TOWN (If outside carparate limits, write RURAL and give nearest town)
Pill, Cumberland Md.	12.0.2 Cumberland, Md
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
R.D. 2 Baltomore Pake	B.DZ: Baltimore Pere VES NO NO
3. NAME OF DECEASED First Middle	Lost 4. DATE Month Day Year
(Type or print) (Wist Estales	Cluber DEATH NOV 5 1939
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS.
ternale White WIDOWED DIVORCED	april 28 1901 58 yrs. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Slote or foreign country) , 12. CITIZEN OF WHAT COUNTRY?
Housewille	Chille cothe Messoure U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Hawkins	I Ida Chrich
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Adelyess
(Yes, no.vec unknown) (If yes, give wor or dotes of service)	ter 1. Cuser. R.D. Lumberland, Md
18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	W Thrombrain ONSET AND DEATH
14 20 . / DUE TO	1 comments
Conditions, if ony, which gove rise to immediate (b)	Dines
couse (o), stating the under. DUE TO	se plan - Martin 12 1 1010
lying couse lost. (c) Hy Deputure	verifica fellow 1 26, 1947.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION CONTAIN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3	TES NO
206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I ar Port 11 of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to the lot while of work of work of work 19	ACE OF INJURY (Hame, form, 20f. (City or town) (County) (State)
Hour o.m. While Not while for ot work of work	tory, street, office bldg., etc.)
^/	110 11 = =
21. I certify that I attended the deceased from 1400	25 19 17, to 5 - 1059, that I last sow the deceased
alive on 1927, and that death	occurred of
I solini	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE MINISTRATION OF THE SIGNATURE	M.D. Sunborland, WI 1659
PHYSICIAN'S NAME (Type)	
270. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY , 22d. LOCATION (City, town, or county) (State)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	er Counation Pettsbraum Penns
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246, REC'D BY REGISTRAR 246/REGISTRAR'S SIGNATURE
La Comment of the	124 - (NOV 10 150 2 1 0 4
Dans on me (und!)	DATE MUV 1 2 33 Cultury & Thank

MEASON OF		DIEL	
	Base (-Killer		
		in 18	
Wast of Street			

Reg. Dist. Na. 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) PLACE OF DEATH o. COUNTY de b. COUNTY b. CITY OR TOWN III outside corpolate limits, write BURAL optside corporale limits, write RURAL and give nearest fown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF DECEASED Middle DATE Month Day Year Lost 1959 BARTLETT DEATH November (Type or print) MILLARD 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH Months Min. WIDOWED ID DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during mask of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State or foreign country) arme 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: Sudden Coronary Occlusion IMMEDIATE CAUSE (o) **DUE TO** Advanced Arteriosclerotic disease Conditions, if any, which gave rise to immediate cause **DUE TO** (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY PERFORMED? NO K 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slole) factory, street, office bldg., etc.) Not while g. m. at work ot work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy Inquiry A and find that Inspection Accident . death resulted fram: Natural causes XX Suicide . Homicide Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Nov. 2, 1959 Benedict Skitarelic. M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LQCATION (City_town, or county) (State) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR arthur S. Kraus DATE NOV 6

VS. A15ME(5) 5M 9/55

10

cute the cert forwarded to 5 FUNERAL I

to the Chief

A A CONTRACT	ICAL EXAMINER'S CHAMBICAGE OF BEATH	
	Control of the Contro	
due han Pro	Constant the section of the contract of the co	
	property and the control of the property and the control of the co	
	AND REAL PROPERTY OF THE PARTY	
	The last of the second	

CERTIFICATE OF DEATH

Reg. Dist. No.

tar,	with	
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with	
Proj	be fi	
fune	plo	
he	sho	
n by	nd 2	
ed :	0	
fill.	ges	
etely	۳.	
Idu	pers	
00	pd u	deat
60 0	rbo	ter
Cio	9	rsa
phys	mov	hou
ing	se re	172
tend	plea	ithi
e at	nen	, tu
by th	<u>-</u>	eve
Pe	rmit	o o
Sign	ă.	u pu
een	rans	, a
os b	iol-t	DAD
te h	bur	ren
rifico	s the	, a
Cer	se a	otio
Ē	or u	crem
Afte	ed f	iol,
SR:	tach	bur
CTC	e de	or to
DIR	q P	pric
TO FUNERAL DIRECTOR: After this certificate has been signed	shau	the registrar priar ta burial, crematian, ar remaval, and in any event within 72 hours after death.
NE	e 3	regit
5	pag	the
7		

requires that the death certificate be executed within 24 hours aft

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Allegany Marvland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westernport Westernport d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 102 Cromer St 102 Cromer St. YES NOT NAME OF 4. DATE Middle Month (Type or print) Elizabeth Louise 1959 Nov 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years tast birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours DIVORCED | WIDOWED | White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Wheeling, W.Va. House work own home 13. FATHER'S NAME John Henry Beck Francis Geiger 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address Westernport, Md. Charles Beck 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Chronic Muccorditis And Myccordia | INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o). tun not specified 45 Rhumstie DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a. m. While Not while of work of work 21. I certify that I attended the deceased from Novi 26, 1959, to Nov. 27, 1959, that I last saw the deceased ____, and that death accurred at 6:06 A.M. from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S Paul R. Wilson, M.D. Ashfield St. Piedmont, W.Va. NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, Philos Cemetery Nov. 29. Westernport 23. FUNERAL DIRECTOR'S SIGNATURE. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Kraus VS A15 (4) Piedmont. W.Va. DATEDEC 1

	MITLAN-NT BASH TO THEM!		
3103	CATE OF DEATH	CERTIS	
	Date County		Wag wills
			enspede d
			The Part of Marie Co.
	ta nomono SUI		.16 Temps No.
Che VS Toll	Be of A Control		al musica its
	ST-7884 .53 E1214	PROPERTY OF STREET	OPW ALL AND AL
	Wheellar, W. C.		
	ne Astreloues -		Nows Table auto
E S. EW. Steenings	si Moed enfred		
			- 1 CENTER OF THE PROPERTY OF THE PARTY OF T
	The second of th		

oth. Page 4

VS A15 (4) 15M 9/55

		1208	7	CERTI	FICAT	E OF DEAT	H		Reg. Dist. N	o .
	PLACE OF DEATH o. COUNTY	Allegany		MARY	11	USUAL RESIDENCE (VO. STATE		lived. If institution b. COUNTY	Alles	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westernport							f outside corpore		RAL and give n	earest town)
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospitol, g				d. STREET ADDRESS 102	Cromer	St.		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Fir He	nrv	Middle		Lost Beck	4. DATE OF DEATH	Nov.26		Day Year
	Male	6. COLOR OR RACE White	7. MARRIE			oate of Birth	76	9. AGE (In years lost birthdoy) 83 yrs.	Months Doys	
	during most of work	ON (Give kind of work a ling life, even if retired	fone 10b. K	IND OF BUSINESS O		Wheelin	g, W.V		U.S.	OF WHAT COUNTRY?
13.	John H	enry Beck				Francis	Geige	r		
15. (Ye		R IN U. S. ARMED FOR If yes, give war or dates of s		OCIAL SECURITY NO		erles Bec	k, Wes	Addre ternpor		
	PART I. DEA' Language Conditions, if or gove rise to in couse (o), stating the lying couse lost.	the <u>under-</u> DUE TO	Dego	nerstion	nat s	pocifiéd us	Shevn	netic		ITERVAL BETWEEN NSET AND DEATH
CERTIFICATION	PART II. OTH	S UNDERLYING	-			OT RELATED TO THE TER			:N IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERT	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)		JURY OCCURRED Not while	20e. PLACE	OF INJURY (Home, for y, street, office bldg.,	arm, 20f. (City		(Count	y) (Stote)
	21. I certify the clive-on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	of I attended the NOV 26 Paul R. V	decease 12.5 Ma	9 and that	M.E	courred at 9:05	P. M. from ADDRESS (SIT		nd on the d tote)	saw the deceased of the stated above. DATE SIGNED 11-27-59 W.Va.
	BURIAL, CREMATIO REMOVAL (Specify) Burial	NOV 29	F	22c. NAME OF CEMI	TERY OR C	REMATORY etery	22d. LOCATI	ION (City, town, or	county)	(Stote)
23.	FUNERAL DIRECTOR	signature	F. F	iedmont,	w.v		EC'D BY REGISTI	RAR 24b. REGIST	TRAR'S SIGNAT	URE

VIII SAIL	NIE OF DEATH	CERTIFICA	Tensi		
395 455		manual and the second	vos alla		
	A Line of the Control			restru	
	TE VEHICLE SUR CO.	.35	STREET, S. S. C.C.		
	YOU HOUSE STORY			ORALD ST	
or an amount of the		Market warmen			
	68 1.08 1.00 L		WIND TANK		
	Soll gent				
	comist elegant		alse year		
to itsog	merce Bedl. Nesten				
		San			
				La strong at 1	
.N.A.Jachbil	9 .7P. bledoma				
- FIL 220	Area of the control of		1. 3. 70 Julian	C61 (18)	
		W. Jacobald			

DECEMBER OF THE PROPERTY OF THE STATE OF STATE OF STATE OF STATE

M

OIX

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12029

CERTIFICATE OF DEATH

12018

									Keg.	DIST. NO		
1. PLACE OF DEATH o. COUNTY	Allegany		MARYL		2. USUAL RESIDE	NCE (Wh	ere decease and		stitution: Resig			on)
b. CITY OR TOWN (II RURAL ond give ne	f outside corporate limite corest town) Cumberlan		4 yrs., 22	- 11	c. CITY OR TO		utside corpo erl <i>a</i> n (rite RURAL on	d give ne	arest town)	
d. NAME OF HOSPIT OR INSTITUTION	At (If not in hospital, gi Sylvan				d. STREET AD		4th S	treet			e. IS RESI ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	Mary Firs		Virgin	ia	Beehl'e	r	4. DATE OF DEATH	No	Month Wember	25	1	° 59
5. SEX Female	i White i	7. MARRI	ED NEVER MARRIED		Jan. 24,	1879	9	9. AGE (In) lost birthe	toy) Month		IF UNDER	R 24 HRS. Min.
10a. USUAL OCCUPATIOn during most of work Housew	ON (Give kind of work d king life, even if retired) 116	one 10b. F	CIND OF BUSINESS OR	INDUST		E (Stote dinia		ountry)	12. (U.S.	A.	COUNTRY
13. FATHER'S NAME	William Fa	hnest	tock		14. MOTHER'S A	So	phia (Cline				
WAS DECEASED EVER	R IN U. S. ARMED FORC (If yes, give war or dates of set	rvice)	ocial security no.		ormant s. Cari	ie.	Perde	ew, F	Address lints	tone	, Md	•
Conditions, if or gove rise to in couse (o), stoting lying couse lost.	the under- DUE TO (c)	# 5	67	le BC IH BUT N	. /		her NAL DISEAS	geel 200	enate clero	02	9. WAS A PERFOR	Lro,
U (IF EITHER, NOTIFY		20b. DESC	RIBE HOW INJURY OC	CUPRED.	(Enter nature of i		ort I or Par	II of item 18	1.)		YES 🗌	ио 🚰
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Year	20d. IN While of work	Not while	Oe. PLAC	E OF INJURY (Ho ory, street, office b	me, form, ildg., etc.	20f. (City	or town)		(County)		(Stote)
actual SIGNATURE	at I attended the	, 19 <u>-</u>	Leau	J, 3 death c	occurred at 2	zee	M, fran ADDRESS (SI	reet, city or t	es and an	the da	te state	deceased above the signed
PHYSICIAM'S NAME (Type) 220. BURIAL, CREMATION REMOVAL (Specify)	James E. M. N, 22b. DATE THEREOF 11/28/1		2c. NAME OF CEMET			ene	22d. LOCA	ION (City, to	nberlar)	CL . (Stote)
23. FUNERAL DIRECTOR'S Byron I	S SIGNATURE		ADDRESS	id.			BY REGIST	RAR 24b.	REGISTRAR'S			

Township King					
		11.00		Lauded .	
			Ela pi	wily:	
		sunts:			
. or . species really a white in					
		10-11			
	E Girt				
		11012			
Lateral transfer of the control of t			a support		
. all years the Little	A COURT			TYBEY LE	

0	1	3	The state of	3
2		X	2	
TOTAL STATE OF THE TOTAL STATE O		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	page 3 shauld be detoched for use as the buriol-tronsit permit. Then please remove corbon papers. Pages 1 and 2 the	
1		ed	_	
4			3es	
		×	300	
Ä		ete		
20		d	Prs	
5		FO	do	ŧ
X		b	d.	deo
0		0	200	7
2		6	100	afte.
5		. <u>0</u>	0	S
=		hys	ò	00
5		d	Ten	2 h
-		ing	9	7
5		pue	eo	÷.
5		tte	a	×
=		0	neu	t
5		÷	F	eve
		ô	÷:	Y
20		ed	E	0
5		ign	be	-=
Ď	an	S	Sit	Sho
1	Sic	ee	0	
ט	hy	as l	-10	OVE
	9	h	uri.	E.
,	din.	ote	9	T re
(en	Fic	th	0
֡֝֝֝֝֡֝֝֝֓֓֓֓֝֝֓֜֜֝֡֜֜֝֓֓֓֓֡֜֜֜֜֜֓֓֓֓֡֜֜֝֡֓֡֓֡֡֡֡֡֜֜֡֡֡֡֡֡֡֡	O	ert	OS	an
	9	SC	se	not
	o	ŧ	70	rer
2	Spi	ter	F F	, 0
١	S	A	he	<u>-</u> 2
ļ	1	S.	100	þ
	X	1	de	0
4	may be retained by the nospital or attending physician.	REC	pe	the registrar prior to burial, cremotian, or remaval, and in any event within 72 hours after death.
)	ine	5	P	ă
ć	eto	7	100	LOI
	-	ER/	S S	Jist
3	٥	Ž	9	reg
-	10	7	goo	he
)	-	0	0	-
-		-		

VS A1S (4) 15M 9/5B

		MARYI 120			MENT OF HE		ALTIMORE,	Reg. Dist. N	12019
Ī	o. COUNTY ALL	EGANY		MARYLAN	o. STATE	NCE (Where de	ceased lived. If institut b. COUNTY		
	CUMBERL	f outside corporate limi corest town) A ND	6	DAYS	2.2 FR	OSTBURG	corporate limits, write	RURAL and give n	
	MEMORIA	E & WARWICK	AVES.		d. STREET ADE		EASANT STRE	ET	e. IS RESIDENCE ON A FARM? YES NO
3	B. NAME OF DECEASED (Type or print)	BABY		Middle BOY	BERNARI	4. D/			Yeor 30 19 59
	MA LE	6. COLOR OR RACE WHITE	WIDOWED	DIVORCED	NOVEMBE			Months 6 days	
L	during most of worl	ON (Give kind of work or king life, even if retired	done 10b. KIND OF	BUSINESS OR IN	11. BIRTHPLACE CUMBE I 14. MOTHER'S M	RLAND, 1	MARYLAND	U.S.	A .
1	5. WAS DECEASED EVE	LLIAM BERNA R IN U. S. ARMED FOR (If yes, give wor or doles of s	CES? 16. SOCIAL S	SECURITY NO.	INFORMANT MEMORIAL H		ANN NEWMAN	dress	RYLAND
	PART I. DEA	mmediate DUE TO)	Posil	turity h asp	irat	on of U	IN	TERVAL BETWEEN NSET AND DEATH
	CATIC	(c) DITIONS <u>CONTRIB</u> L		BUT NOT RELATED TO T			VEN IN PARTI(O)	19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJUR Hour o. m. p. m.		While No	CCURRED 20e	PLACE OF INJURY (Ho foctory, street, office b	me, farm, 20f. ldg., etc.)	(City or town)	(County	y) (Stote
	ACTUAL SIGNATURE	at I attended the		,	2 Y , 19 5 9, ath accurred at 10	0:20PM, fr	n2 3 0, 1955 ram the causes a ss (Street, city or town	nd an the da	
	220. BURIAL, CREMATIC REMOVAL (Specify)	N, 22b. DATE THERECO	-59 0	lean	Y OR CREMATORY	ant	OCATION (City, town,	, 7	(Stote)
12	3. FUNERAL DIRECTOR	SSIGNATURE	+ 4 AD	DRESS	2-1 2	ATE DEC	3 '59 246. REG	Istrar's signat Inthua 8, 4	UKE

HTARO NO REASONOSO TO DECISE.

· eyata

W. 1576093

OF TORKOWIE

THE REAL PROPERTY.

A A C ... C A MEY AND G AVENUE

Applied How Visiting The

NEWSTREE WASHINGTON TO THE PROPERTY OF THE PARTY AND THE P

The sale of the contract of th

YEARS 2.13E

ATIO STREET, S

(NA) 950 (95

TO DEPUTY MEDIC/ "XAMINER: This certificate strauld be executed within 24 haurs after death. If any delay is nece 7y, please execute the certifical filling the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. The 4 should be farwarded to the Chief Medical Examiner's Office olang with farm PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, cremation.

ar remayal. VS. A15ME(S) 5M 9/55

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (When								
Allegany MARYLAN	o. STATE Mary	land b. count	Allega	ny					
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)	c. CITY OR TOWN (If out	side corporate limits, write	RURAL ond give nea	prest town)					
Cumberland 40 years		erland							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS			e, IS RESIDENCE ON A FARM?					
307 Arch St.	307	Arch St.		YES NO					
3. NAME OF First Middle DECEASED		DATE Month		Year					
(Type or print) William		DEATH NO		19 59					
5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)		F UNDER 24 HRS					
Male White WIDOWED DIVORCED	March 11,188		Months Days	riours min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or f	oreign country)	12. CITIZEN OF						
Retired Laborer City Cumberle	and Oldtown,	Md.	U	SA					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAM	E							
Augusta Boggs	Milind	a Kifer							
	INFORMANT	Address							
no 220-10-2019	Mrs. Wm. Bo	ggs, Cumber	rland, M	ld.					
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]			INTERVA	AL BETWEEN					
PART I. DEATH WAS CAUSE (e) Asphyxiation Smins Mins									
97// V DIE TO									
Conditions, if ony, which) (b) Strangulation	Strangulation from hanging 5 mins								
gove rise to immediate cause									
(a), stoling the underlying couse lost.									
	NOT RELATED TO THE TERMINA	LDISEASE CONDITION GIV	EN IN PART 1(0) 19.	WAS AUTOPSY					
Mental Depre	ssion		YE	PERFORMED?					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU Mental Depre		or Port II of item 18.)	N-11-						
CAUSE OF DEATH. Hanged self	in coal shed								
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P		20f. (City or town)	(County)	(Stote)					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. p While of work of work of work of work	ctory, street, office bldg., etc.)	Cumberl	and, Md.						
21. I certify that I took charge of the remains described at	ove, held an Autopsy [1. Inspection	Inquiry X,	and find the					
death resulted from: Natural causes , Accident , S									
ACTUAL COLUMN TO THE COLUMN TH	CHIEF MEDICAL EXAM	INER 🗀		DATE SIGNED					
SIGNATURE A LEWELL CONTROL SKINGS VIEW	M.D. ASSISTANT MEDICAL EXAM								
EXAMINER'S Benedict Skitarelic MD	DEPUTY MEDICAL EXA	MINER 🔀	Nov. 17	, 1959					
22c. NAME OF CEMETERY REMOVAL (Specify) 11-18-1959 Hillcrest		d. LOCATION (City, town, o		(Stote)					
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D 8		STRAR'S SIGNATURE						
James F. Scarpelli, Cumberland,	Md DATE NO	119'59	orthur S. Krau	4.6					
	Alla								

	HTATO TO STADITION S	DIO MAG
		months and
	A party many a	Maria Maria de la composición dela composición de la composición de la composición de la composición dela composición de la composición dela composició
	The second secon	
		and the same
		A SECTION OF SECTION
		AND THE RESERVE OF THE PERSON NAMED IN
		If the left first the Principle of the left of the lef
alcive.	The state of the s	
	The state of the s	The rest of the state of

-	1000				Mag. D	157, 140,	
1.	PLACE OF DEATH O. COUNTY A LLEGENY	MARYLAND	2. USUAL RESIDENCE (W. o. STATE	/here deceased lived		nce before adm	
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	8 4 49 4 4	autside corporate li	imits, write RURAL and LE 75	give nearest to	own)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION MINER'S HO	oddress)	d. STREET ADDRESS	BROA	DWAY	e. IS I	RESIDENCE I A FARM?
	NAME OF DECEASED (Type or print) HENERITTA	AGNES	BOLDEN	4. DATE OF DEATH	Month NoV	Day 2.1	Year 195 9
5.	FEMALE WHITE WIDOW	ELED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	877 S		R I YEAR IF UN Days Hau	IDER 24 HRS.
	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	HOUSEWIF	!	× 0	PA 12. CI	TIZEN OF WH	AT COUNTRY?
13.	FRANCIS MCK	ENZIE	LEE A	UNA 4	DARNE	R	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [If yes, give wor or doles of service]	SOCIAL SECURITY NO. 17. I	William	G-7	3 slde	FRO	STBURG Md.
	18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). 44.43 × DUE TO Conditions, if ony, which gave rise to immediate	pe for (a), (b), and (c).] rebral flettens	hemore	hage liv-v	ascular	INTERVAL ONSET AN	BETWEEN NO DEATH
z	couse (a), stating the <u>under-lying couse last.</u> PART II. OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BUS	NOT DELITED TO THE TERM	dise	ası	10	Jis.
CERTIFICATION	1	enility	- Bli	nd.		PER YES	FORMED?
	206. ACCIDENT WAS UNDERLYING 206. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II of	item 18.)		
MEDICAL	Hour a.m. While	Not while to drawark 20e. PL	ACE OF INJURY (Home, for ctary, street, affice bldg., et	m, 20f. (City or to	wn) ((County)	(State)
	21. I certify that I attended the decease alive on 19.3	0 /	1 , 1958, to accurred at 3, 4,		causes and on scity or town, state)		e deceased ated abave. DATE SIGNED
	PHYSICIAN'S HCDE	AL, M.D.	M.D. Fro	A bu	ig ma	(,	4/19
	REMOVAL (Specify) OUR LAL NOV 24, 1959	FRNZEL	R CREMATORY CEMETERY	1/	city, town, or county)	0.0	iote) ETT, Co M
23.	FUNERAL DIRECTOR'S SIGNATURE Meste Ray Leckenty	ADDRESS MAINST. MEYERS DA	I E O N	OV 2 7 '59	24b. REGISTRAR'S &	-	, ,

TO HOSPITAL OR ATT DING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after pit. Page 4 may be retained by haspital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremotian, or removal, and in any event within 72 hours after death.

M

06

VS A15 (4) 15M 9/55

		STATE OF A STATE OF THE STATE O				2 44	
The column The	Transfer of the Property of					4	
The column The							
The State The			The symmetry				
Company of the Compan							
	The second secon			345			
The part of the pa	Applying the property of the p						
And the second s	The property of the property o						
		Mara Su					
SCHOOL WITH THE TENNES OF THE THE THE THE TENNES OF T					5		
					Lin 7		
				1.5			

. Page 4

NG PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR ATT

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

	12032		CERTIF	ICATE O	F DEATH	1		Reg. Di		nunc
1. PLACE OF DEATH o. COUNTY	llegany		MARYLA	o STA	RESIDENCE (WHEE Mary		d lived. If instituti b. COUNTY		egany	
b. CITY OR TOWN (I	f outside carporate lim	nits, write c	LENGTH OF STAY IN	1b c. CITY	OR TOWN (If	outside corpo	prote limits, write R	URAL ond	give nearest	town)
RURAL ond give ne			7 days	22	Frost	burg.				
d. NAME OF HOSPIT	AL (If nat in haspital,	give street add		d. STR	EET ADDRESS				e. IS	RESIDENCE
OR INSTITUTION Memor	ial Hospi	tal		61	Grant	Stre	eet			N A FARM?
3. NAME OF DECEASED (Type or print)		nkin	Middle	Bra	dley	4. DATE OF DEATH	Novembe	er 4	th,	Year 1959
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF	BIRTH		9. AGE (In years last birthday) Oyrs.	IF UNDER Months	-	NDER 24 HRS.
Male	White	WIDOWED	DIVORCED	□ Apri	1 7th,1	1879	80 yrs.	Months	Days Hou	urs Min.
10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	d) (b	of Business or	INDUSTRY 11. BI	RTHPLACE (State	or foreign o	country)			AT COUNTRY?
13. FATHER'S NAME	o operate	OT T. F	g.ruer o		Marylai HER'S MAIDEN N				JSA	
	R. Brad	Ley			ah Tho					
15. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16. SO	CIAL SECURITY NO.	INFORMANT		21300 10	Add	ress 61	Erant	Stree
(Yes, no, or unknown)	(If yes, give war or dates of	service) 216	-03-4733	Mrs.Ti	llie S	. Bra	adley, H			
IIB CAUSE OF DEA	ATH [Enter only and co					- 272.0		1000		L BETWEEN
	TH WAS CAUSED BY:	dosa per ima i	1 0						ONSET A	ND DEATH
	IMMEDIATE CAUSE (a) (my							
450.0	DUE TO		'	6	7.				3 3 13	
Canditions, if o		6)	Maly	ed OV	our,	sele	72			
gave rise to in cause (o), stating		0								
lying couse lost.) (c) /								
PART II. OTH	HER SIGNIFICANT CON	ND TIGHTS CON	NTRIBUTING TO DEAT	H BUT NOT RELAT	ED TO THE TERM	INAL DISEAS	E CONDITION GIV	/EN IN PAR	PE	AS AUTOPSY REORMED?
(IF EITHER, NOTIFY	AS UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCC	CURRED. (Enter no	ture af injury in	Port I ar Pa	rt II of item 18.)	ř.		
20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Ye	While	Not while of work	PLACE OF INJ factory, street,	URY (Hame, farm office bldg., etc		y or town)	(0	County)	(Stote)
21. I certify th	ot I attended the	deceased	from 1012	F, 19	59, to_	111	4 , 1957	thot I lo	ast sow the	e deceased
olive on/_/_	14	195	7	eoth occurre	,	M from	the causes or			
	7-1	/	7, ond mor d				street, city or town,			DATE SIGNED
ACTUAL	2 ~~ 1	211	222	11.2	1. 2		1	1.41	1	1111
SIGNATURE	7-11	1/01	1 11	M.D	1	WY J		EV - 5		f-11-0-f.
PHYSICIAN'S NAME (Type)	0				Cily	rlar	land)	nd	,	
220. BURIAL, CREMATIO	N, 22b. DATE THERE	OF 2	22c. NAME OF CEMETI	ERY OR CREMATO	RY	22d. LOCA	TION (City/town,	or county)		(Stote)
Burial (Specify)	11-7-5	9	F'bg Mem	orial I	ark	Fro	stburg.			Md.
3. FUNERAL DIRECTOR			ADDRESS	V		D BY REGIS		ISTRAR'S SI	GNATURE	11114
Joseph R	Durst	Fros	stburg, M	5	DATE N			other 8.	Kraus	
	- 2002 00 9	1700	ONUTE 4 11	W. 0	DAIL ST					

Minister Company of the first contraction of the co Annual Company of the Company of the Section of the

12023

- 40	-	-	_	
7	•)	7	n	0
1	60	1	45	6

CERTIFICATE OF DEATH

Reg.	Dist.	No.

_		7970	<u> </u>						Keg. Dist. I	40.	
1. [PLACE OF DEATH				2. USUAL RESI	DENCE (WI	here deceased	lived. If institution	on: Residence be	efare admis	sian)
		llegany		MARYLAND	d. STATE	Mary	rland	b. COUNTY	Alle	gany	
	b. CITY OR TOWN (I RURAL and give no	f autside carporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR	OWN (If	autside carpoi	rate limits, write RI	URAL and give	nearest taw	n)
	Mt. Sa	vage.		Lifetime	X	Mt.	Savas	ze.			
	d. NAME OF HOSPIT OR INSTITUTION	AL (If nat in haspital,		address)	d. STREET A	DDRESS				ON	SIDENCE A FARM?
	Glenn S	avage Ro	ad		Gle	enn S	lavage	e_Road		YES	NOXX
	NAME OF DECEASED (Type ar print)		rst arv	Middle Frances	Brai:		4. DATE OF DEATH	Novembe		Day	Yeor 19 59
5. 9	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. DATE OF BIRT			9. AGE (In years	IF UNDER 1 YE	AR IF UND	ER 24 HRS.
F	emale	White	WIDOW		May 23	2 5	280	lost birthday)	Manths Day	s Haurs	Min.
	. USUAL OCCUPATION	ON (Give kind of work	dane 10b.	. KIND OF BUSINESS OR INDL	STRY 11. BIRTHPL	ACE (State	ar fareian co	/ 9	12. CITIZEN	OF WHAT	COUNTRY?
	during most at wark	king life, even if refired	1)				-				
12	HOUSEKEE	per	10	wn housework		rland			US.	A	
3.	FATHER S NAME				14. MOTHER'S	MAIDEN	NAME				
	George	C. Brail	er		Emma	D111	rkin				
		R IN U. S. ARMED FOI		SOCIAL SECURITY NO.	INFORMANT			Addr	ess		
(, 10, 01 01111,	(ii yes, give war ar action of		J	ohn H.	Brai	ler.	Mt. Sav	age, M	d.	
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ine far (a), (b), and '(c).]					11	NTERVAL B	ETWEEN
		TH WAS CAUSED BY:	(0)/	2 No Con	7-17	10.	7 ///	1 000	0	NSET AND	DEATH
	4200	IMMEDIATE CAUSE (1	Charren 1	que /1	all	1 ACI	green C		52-	
	7-5-0.0	DUE TO	cal	P. 1.10	710	1.				. /	
	Canditians, if a		100	Cerebral 1	Jenn	eroge	2			126	ry.
P	gave rise to in couse (a), stating					1					
	lying couse last.)	=)								
O	PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO	THETERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(a	19. WAS	AUTOPSY
CATION	103	1 + mol a	lean	il trune o	1 tre	e_					ORMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	SCRIBE HOW INJURY OCCUPRE	D. (Enter noture o	f injury in	Port I ar Part	III of item 18.)			
		Y Manth, Doy, Ye	or 20d I	INJURY OCCURRED 20e. PI	ACE OF INJURY (Home farn	20f /City	or town)	(Cauni	tul	(State)
MEDICAL	Hour a.m.	19	While	E.	ctory, street, office	bldg., etc	W (CII)	di idwiij	(Coolii	'71	(Sidie)
2	p. m.				2 10 17	-	11/0	11			
П		of I offended the	deceo		, 19.5%		/ - /	1959,			
	olive an	4/20/09	Z_, 19_	, ond that death	occurred at	4 30					
		12 (1)	0	101-0		10		reet, city ar tawn,	stote)	DA	TE SIGNED
	ACTUAL SIGNATURE	unit Cos	1000	listen her	,M.D	48]	Broad	way		11/	24/19
	PHYCICIAN'S										- '
	NAME (Type) ME	artin M.	Roth	stein "		Fro	stbur	g <u></u>		Md	
220	BURIAL, CREMATIO		OF	22c. NAME OF CEMETERY C	OR CREMATORY		22d. LOCAT	ION (City, town, o	or county)	(Sto	ote)
	Burial	11-27-	59	St. Patrick	's Ceme	etery	Mt.	Savage.		M	d.
23.	FUNERAL DIRECTOR		11	ADDRESS		24g, REC	D BY REGIST	RAR 24b. REGIS	TRAR'S SIGNA	TURE	1-71
	Joseph R	Durst	Fr	ostburg, Md.		DATE NO	DV 27 '5	9 0	Chun S. the		
_	a abehit I	· Duron	1. 1	Opopule of Mar		DATE			a. /w	alle	-

Poge 4 TO HOSPITAL OR ATT ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after of the Poge 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please carbon papers. Pages 1 and 2 should be fifed with the registrar prior to burial, cremotion, or removal, and in ony event within 72 pours after death.

VS A15 (4) 15M 9/5B

In Fig. 11. it. serage. The control of the last the control of Brox and trail are 19 the state of the section of the sect Let I veti, was you be the district wilds extrans the state of the s 20 miles a company of the company of . All . some and . I have the partel the property of the contract of the con . has grandeni . tagad . R descot . I. CEDTICICATE OF DEATH

12024

ē	79700	CERTIFICA	AIL OF DLA		Reg	g. Dist. No.	
_	1. PLACE OF DEATH d. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE a. STATE MARYL		b. COUNTY.	esidence before o	dmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MT • SAVAGE	84 DAYS	V	(If outside corporate	limits, write RURAL	ond give nearest	town)
	d. NAME OF HOSPITAL (If not in hospital, give steen OR INSTITUTION MEMORIAL HOSPITAL	VARWI'CK & MEMOR	AL d. STREET ADDRES			(S RESIDENCE ON A FARM? ES NO
	3. NAME OF First DECEASED (Type or print) DANIF	Middle	Last	4. DATE OF DEATH	Month	Day	Year
	Dillitat	C. ARRIED ☑ NEVER MARRIED □	BRIDGES 8. DATE OF BIRTH		NOVEMBE AGE (In years IF UI	NDER 1 YEAR IF	UNDER THRS
-	14415 144155	WED DIVORCED	MARCH 24	1883	dost birthdoy) Mar		ours Min.
	10d. USUAL OCCUPATION (Give kind of work done 10during most of working life, even if retired)	7 / / /	STRY 11. BIRTHPLACE (S	· · ·	0 4,	2. CITIZEN OF WI	A .
	13. FATHER'S NAME	eal deale	14. MOTHER'S MAID	176.7770	Cove	0. 3	o He
	BENTON BRIDGES			MILLER			
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 (Yes, no, or unknown) (If yes, give war or dates of service)		NFORMANT MEMORIAL HOS	PITAL W	Address CUMBERLAI	ND, MARY	LAND
	18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (o), (b), and (c).]					AL BETWEEN AND DEATH
	433.0 DUE TO	Channi NI	uscaliti:	- Heart T	Black		13
	gave rise to immediate couse (a), stoting the under-	Centernosleval	a Cardiol	sasular	Disecie		
	PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE CO	ondition given in		WAS AUTOPSY PERFORMED?
		ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury	y in Port I or Port II	of item 18.)		
	Hour o.m. Whi	t.	ACE OF INJURY (Home, ctory, street, office bldg.		town)	(County)	(Stote)
	21. I certify that I attended the deceded olive on NOV 8 19	ased from Jely 59, and that death	, 1958, to	50R from the	, 1954, that e couses and ar	I lost sow the	
	ACTUAL A Due to hi	The state of the s	5 /22 /4	ADDRESS (Stree	t, city or tawn, state)) //	DATE SIGNED
,	SIGNATURE MESSON	munillay 4	M.D/33 U/V	genia G	us-	/-/-	10/57
	PHYSICIAN'S DR. OVERTON	HIMMELWR IGHT	Cum	Turland,	md		
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	122c. NAME OF CEMETERY C	meth Cem	mic	N (City, town, or cou	unty) Mari	(Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	A	REC'D BY REGISTRAL	R 24b. REGISTRAF	S SIGNATURE	
	John J. HAFer. Cum	ben/And.	DATE	NOV 1 2 '59	Criting	S. Krays	

moy be retained by the espitol ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral directar.

The physician are completely filled in by the fundamental property. Plan please remove carban papers. Pages 1 and 2 should be filed with NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter d the registrar priar to burial, crematian, ar removal, and in any event within 72 hours ofter death

Poge 4

060

TO HOSPITAL OR ATTE VS A15 (4) 15M 9/S8

THE HOLE OF STREET CLLEGANYavad 48 . W. M192434 E XELLERAN ... MENERAL CHIEF C. CHIEFE Patrician Control Cont R31,118 Anns 2300188 M07/38 ANALYMAN COMERMAN COMERMAN COMPERMENT MARKENS John College Manage Manage St. and all colours the state THOURS MIN NOTRING 184 Page 4

may be retained by the pospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,

affer death

within 72 haurs

the registrar prior ta burial, cremation, or remaval, and in any event

VS A15 (4) 15M 9/58

NG PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12025

12033

CERTIFICATE OF DEATH

Reg. Dist. No.

1.	a. COUNTY ALLEGAN	Y		MARYL	- 11	2. USUAL RESIDE	YLAND		d lived. If ins b. COU		Residence	e befare	odmissi NY	an)
	CUMBER L	AND.		c. LENGTH OF STAY IN			OWN (IF		orate limits, wr	ite RUR	AL ond gi	ive near	est tawn)
	d. NAME OF HOSPIT OR INSTITUTION MEMORIAL H	OSPITAL I	give street MEMOR	OddresWARWICK	AVES	d. STREET A		KER ST						DENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	MARY	rst	Middle ELIZA!	ВЕТН	BROW		4. DATE OF DEATH	NOV	Month EMBI	ER 10	Doy		^{'eor} 9 59
5.	FEMALE	6. COLOR OR RACE WHITE	7. MARI	NEVER MARRIED DIVORCED	_	DATE OF BIRTH		885	9. AGE (In yellast birthde	ears IF	UNDER 1	YEAR II		- 11
10	o. USUAL OCCUPATION during mast of work HOUSEWO	ling life, even if refired)	KIND OF BUSINESS OR Ownhome	INDUST		ACE (State	ar fareign c	auntry)				vhat co	OUNTRY?
13.	FATHER'S NAME	De tost als				14. MOTHER'S	MAIDEN	NAME		13				
15	MANLEY,	Patrick	oren la c				now	n .					14	
(Y.		(If yes, give war or dates of		SOCIAL SECURITY NO.		ORMANT	HOCD	1741		Address			10	
-	No SAUST OF STA	mi fe .		one ne far (a), (b), and (c).]	[V]	EMORIAL	HOSP	TIAL	- (OMBI	ERLAN	1	VAL BET	
NOI	422, 1 Canditians, if all gave rise to it cause (a), stating lying cause last.	mmediate the <u>under-</u>)	Color Order	nic Sh	Seed Con related to	Jul Zera THETERM	a fe lo VI	ils authorition	GIVEN	Mees IN PART	1(a) 19.	WAS A	UTOPSY
CERTIFICATION	20a. ACCIDENT WA	CAUSE OF DEATH	20b. DES	CRISE HOW INJURY OCC	CURRED.	(Enter nature af	injury in	Part I ar Par	t II af item 18.)				NO
MEDICAL CE	20c. TIME OF INJUR Haur a. m. p. m.	MEDICAL EXAMINER) Y Manth, Day, Ye	ar 20d. II While at war	Nat while	0e. PLAC facta	E OF INJURY (F ry, street, affice	lame, farm bldg., etc	n, 20f. (City	or tawn)		(Co	ounty)		(State)
		at I attended the	19.5 2222 ELWR I	GHT - and that d	leath o	133	9:25 VIV	ADDRESS (S	the causes treet, city of to	ond .	at I last on the		stated	
220	BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREC	9	22c. NAME OF CEMETI		CREMATORY Cem.			rion (City, tax erland			and	(State)
	FUNERAL DIRECTOR'S			ADDRESS			24a. REC°	D BY REGIST	RAR 24b. R	EGISTR.	AR'S SIGN	VATURE		
	James F.	Scarpell	i Cu	mberland,	Md.		DATE	10V 1 7	150	7 1	1	4		

willer I		ADRIMES -	2003
NUADBLIA	GRALY EAH		YHADDIS
		eyau s	,dvugajen
	te sala ion	MARYICK AVES.	JATINSON JANAHA
As storied		H723A\$1.JB	YIRM WEST
	USUST 5. TOWN		37119 277133
	MILITARE RESEARCH		118000
	meson which		Solver N. Villian
CHI CHAIRTENUS -			
	and the second	TION TO A TO	
		.d.y.c.ioty.id	OTAL BEACH
	0.00	.Lo. by Lines to Li	

CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY Allehar	ıy	MARYLAND	A CTATE	CE (Where deceased liveryland	ed. If institutio b. COUNTY	n: Residence before Allega	
H	b. CITY OR TOWN (If outside corp RURAL and give nearest town) Cumber Land	orote limits, write	c. LENGTH OF STAY IN 18		/N (If autside corporate erland	limits, write RL	JRAL and give nea	rest town)
	d. NAME OF HOSPITAL (If not in 19 707 Bedford S	22207	address)	d. STREET ADDR	Ress Redford S	t.		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) WILL		Middle ARTHUR	BRUBAKER	4. DATE OF DEATH	Nov.	6, Do	Year 19 59
1	5. SEX 6. COLOR 6. Male Whit	se widowi	-	Jan. 18,	1872	last birthdoy) yrs.	Months Days	Hours Min.
	100. USUAL OCCUPATION (Give kind during most of working life, even CUSTOCIAL	of work done 10b. if retired)	kind of Business or ini nicipal Blo		(Stole or foreign count land	(y)	12. CITIZEN O	F WHAT COUNTRY?
	13. FATHER'S NAME			14. MOTHER'S MA	IDEN NAME			
	Isaac Brub	aker		Fra	ances (?)			
	15. WAS DECEASED EVER IN U. S. AR		SOCIAL SECURITY NO. 17	INFORMANT	11-2 (1-12-17-2)	Addre	ess	
Н	(Yes, no. or unknown) (It yes, give wor	or dates of service)	None I	irs. Austi	in Stine	Cumbe:	rland,	Md.
	18. CAUSE OF DEATH [Enter or PART 1. DEATH WAS CAL IMMEDIATE	- 40	ne for (a), (b), and (c).]	enters				RVAL BETWEEN ET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last.	(b) DUE TO	energy	y Out	moder	~	0	m
0	PART II. OTHER SIGNIFICATION 20g. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXA	ANT CONDITIONS C	CONTRIBUTING TO DEATH B	UT NOT RELATED TO TH	ETERMINAL DISEASE CO	ONDITION GIVE	N IN PART 1(a)	P. WAS AUTOPSY PERFORMED? YES NO D
		F DEATH	CRIBE HOW INJURY OCCUR	RED. (Enter noture of inj	ury in Part 1 ar Part I1 c	of item 18.)		
	ZOC. TIME OF INJURY Month, Hour a. m. p. m.	While	NJURY OCCURRED 20e. Not while k at work	PLACE OF INJURY (Ham factory, street, office bld		town)	(County)	(State)
5	21. I certify that I attend	ded the deceas		19 <u>51</u> , to	M from the			w the deceased
	ACTUAL SIGNATURE	eml	mon	M.D.	ADDRESS (Street			DATE SIGNED
1	PHYSICIAN'S NAME (Type)			del	nblen	1 m	4	
	226. BURIAL, CREMATION, 22b. DAT REMOVAL (Specify) NOV	9,1969	Hill Cres		22d. LOCATION	o (City, town, or berlan		(State)
	23. FUNERAL DIRECTOR'S SIGNATURE Byron Kight		aberland, Me		REC'D BY REGISTRAR TENOV 1 2 '59		TRAR'S SIGNATUR	-

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a th. Page 4 may be retained by it sopial or attending physician.

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

P TOTAL TE SHI DANG TANK	ATE OF DEATH		ĵ.	
			The Water	
		A SE GAY TO HOSE A		
	All Microsoft			
	5764,61.00			
				TI DINE!
	entite hashma .e.			
		* .	Ten memoral	
The second state of the se				
	"			
Scall of Scales Light of the				
that the same of the part of the same of t				
				position
THE RESIDENCE OF THE PARTY OF T	O STORES STORE	A DECA		

12089

CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

Allegany

Reg. Dist. No.

Year

	D
e funeral directar, nauld be filed with	M

22

in b

papers.

and carbon

physician

attending

per

certificate

FUNERAL DIRECTOR:

3 shauld

page 0

eath.

061

RURAL and give nearest tawn) Frostburg davs d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION Miner's Hospital Middle

c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Mt. Savage e. IS RESIDENCE ON A FARM? YES NOT

Month

b. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

DECEASED Alice DEATH November 1959 (Type or print) Sarah Byrne 20th 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Manths 88 Female White WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) West Virginia USA Housewife Own housework

13. FATHER'S NAME Unknown

PLACE OF DEATH

b. CITY OR TOWN (If autside carporate limits, write

a. COUNTY

14. MOTHER'S MAIDEN NAME

Unknown

Marvland

4. DATE

12260 North Saginaw St., IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Mt. Morris, Michigan Mrs.Mae Iser.

18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)." INTERVAL SETWEEN ONSET AND DEATH Intract able heart failure PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 DUE TO Coronary sclerosis Canditians, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying cause last.

PERFORMED? YES T NO

20a. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18,)

OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Month,

Doy, Year 20d. INJURY OCCURRED

> Not while at wark at wark

20e. PLACE OF INJURY (Hame, form, 20f. (City or town) factory, street, office bldg., etc.)

(County) (State)

21. I certify that I attended the deceased from Oct. 13, 19,59, to 20, 1959, that I last saw the deceased

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY

19.5-9-, and that death accurred at_____M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL

SIGNATURE PHYSICIAN'S

22a. BURIAL, CREMATION, 22b. DATE THEREOF

Broadway

Alvin Walters NAME (Type)

22c. NAME OF CEMETERY OR GREMATORY

22d. LOCATION (City, town, or county)

NOV 2 5 '59

23. FUNERAL DIRECTOR'S SIGNATURE

20c. TIME OF INJURY

Haur a. m.

ADDRESS

24g. REC'D 8Y REGISTRAR

24b. REGISTRAR'S SIGNATURE arthur & House

VS A15 (4) 15M 9/S8

12021					•
Note that A		afyre!			
	a_a	100 4 70		and the state of	
				Laftues strents	
12 2014	maro R. Hall	2.110	no LLA		
	Ho.	T. ceda.des	Y.	win ething of the	
			from avail in		
				recomb.	
Winestall					
		he here			
	Hymchite			A STATE OF THE PARTY OF	
1,00	, a meditar			and of the state of	
306		2.0	107.170	Acres Vances	
				Charles Standard	

The second	1,400	13	CERTIFICA	ATE OF DEA	III		Reg. Dist.	No.	
. PLACE OF DEATH o. COUNTY			MARYLAND	2. USUAL RESIDENCE o. STATE		l lived. If instituti b. COUNTY	4.7.7		nission)
	egany				Land		ALLega		
 CITY OR TOWN (If RURAL and give necessary) 	outside corporate limits grest town)	s, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpor	rote limits, write R	URAL ond give	nearest to	wn)
Cumberla			1 Mo 29 days	Cumberla	nd				
d. NAME OF HOSPITA	AL (If not in hospital, given	ve street o	ddress)	d. STREET ADDRESS	S				ESIDENCE A FARM?
4	d Heart Hos	pita		648 N.	Mechani	c St.,			NOX
NAME OF DECEASED	First		Middle	Lost	4. DATE OF DEATH	Mon	ith	Day	Year
(Type or print)	Fayet	te	Earl	Carder	DEATH	1	1/	8/	1959
. SEX			ED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y		IDER 24 HR
Mole		WIDOWED		July 17.18	390	lost birthdoy)	Months Do	ys Hou	rs Min.
Male	MILLOG		IND OF BUSINESS OR INDL				12. CITIZEI	VOE WHA	T COUNTR'
during most of worki	ng life, even if retired)					,,			
Retired C&	P Telephone	≥ Com	pany employee	W. Va.				S.A.	
3. FATHER'S NAME				14. MOTHER'S MAIDE	IN NAME				
La	fayette Car	der		Sus	an Sande	ers			
S. WAS DECEASED EVER	IN U. S. ARMED FORCE f yes, give war or dates of ser	ES? 16. S	OCIAL SECURITY NO.	INFORMANT		Add	ress		
No No	. You' Aug will or congress to see		2-05-0788A	Eugene Carde	r O	ldtown. 1	Marylan	2	
	TH [Enter only one cou			angerie varue	A	Lucionity i	-	INTERVAL	RETWEEN
	H WAS CAUSED BY:	1	e to top top one top	1 0	1 -	0	1	ONSET AN	ND DEATH
1520	IMMEDIATE CAUSE (o)	_	nume	VI	mc-	meror	User	11.	1
1520	DUE TO	to	7 / -	16.				6	
Conditions, if on		101	Vom	m/the	n				
gove rise to in couse (o), stoting t				0					
lying couse lost.	ne under-								
	ER SIGNIFICANT COND	ITIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASI	E CONDITION GIV	EN IN PART 10	o) 19. WA	S AUTOPS
								PER	FORMED?
2 466		201 5 50 5	Not the training	en in i		11 -6 % 30 3		152	□ NO □
PART II. OTH	CAUSE OF DEATH	206. DESCI	RIBE HOW INJURY OCCURRI	ED. (Enter noture of injury	in Part I or Part	I II of ifem Id.)			
	MEDICAL EXAMINER)								
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year		6.	LACE OF INJURY (Home, bottory, street, office bldg.,	farm, 20f. (City	or town)	(Cou	nty)	(Stote
Hour o.m.	19	While of work	IAOI MIIIE	sciory, street, office bldg.,	616.)				
			1		More	2	9		
21. I certify the	at I attended the	decease		192_10, ta_		8 , 195			
alive an I W	~ /	_, 195_	_Tland that death	h accurred at 12:1	28M, fram	the causes ar	d an the d	late stat	ed abay
/	2 2 0	0	. //			reet, city or town,		, D	ATE SIGN
ACTUAL SIGNATURE	5-m, 12	he	nid le	MD 43/	nune	11 cm	fulad.	W/11	1911
				t		/			1/100
PHYSICIAN'S NAME (Type)								•	
	. DOI DATE THESE	-			Test 10.51				
20. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREOF		22c. NAME OF CEMETERY	OR CREMATORY	ZZd. LOCAT	TION (City, town,	or county)	(S	tote)
Burial	11/11/59		Hillcrest Bu			erland	Maryla		
3. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	24a. R	REC'D BY REGIST		STRAR'S SIGN		
Ruth E. Si	I cox Cumi	herla	nd Marvlan	DATE	NOV 1 0'	59 0	Lithur S. :	brooks	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registror prior to burial, crematian, ar remayal, and in any event within 72 hours after depth. ING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after TO HOSPITAL OR ATT

VS A1S (4) 1SM 9/SB 06

THE PROPERTY OF THE PARTY OF THE PARTY. TARRETT. Z.T. C. L. L. Ho. 24 stays | Ontbooking Table attack eradium) menus THE REPORT OF THE PERSON OF TH a the against the brown cardin duth

After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, hed far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with

in ony event within 72 haurs after death

and

removal,

the registrar prior to burial,

JOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		1203		CERTI		TE OF			TIMORE,		-	120	34
_		7900	O		- 11						Dist. No.		
1.	PLACE OF DEATH o. COUNTY ALL	EGANY		MARY		o. STATE	MARYL		d lived. If insti b. COUN	JTY	LEGAN		ion)
	b. CITY OR TOWN (IF	outside corporate limits	, write	c. LENGTH OF STAY	IN 1b	c. CITY OF	TOWN (IF	outside corpo	rote limits, writ	e RURAL on	d give nec	rest town	1)
	CUMBERLA	ND (Town)	W	7 DAYS		12	CUMBE	RLAND					
	d. NAME OF HOSPITA OP INSTITUTION MEMORIAL	HOSPITAL	ve street a	ddress)		d. STREET		EDFORD	STREET	г			FARM?
	NAME OF DECEASED (Type or print)	· First	THONY	Middle J.	(CIONI	ost	4. DATE OF DEATH		Month VEMBER	28	5	Year 19 59
5.	MALE	6. COLOR OR RACE WHITE	7. MARRI WIDOWEI			OV. 1	тн I, 19 0	9	9. AGE (In year lost birthdo		Doys	Hours	R 24 HRS. Min.
10c	. USUAL OCCUPATION during most of worki	N (Give kind of work do ng life, even if retired)	one 10b. I	CIND OF BUSINESS O	R INDUSTR	Y 11. BIRTH	PLACE (Stote	or foreign c	ountry)	12.C	ITIZEN OF	WHATC	OUNTRY
	CASE WORKE	R ALI	EG.	CO. WELFAR	E BOA	1.1.			I, D.C.		U.S.A		
13.	FATHER'S NAME	F 61011				14. MOTHER			TOTAL	TT			
1.5	VALENT IN	IN U. S. ARMED FORCE	EC2 14 6	OCIAL CECURITY NO	INIC	ORMANT	CHAEL		NCINEL				
110	s, no, or unknown) [f yes, give war or dates of ser War II Na	vice)	19-14-60	-	EMOR I	WAR AL HOS	WICK &	- CUMBE	RLAND	, MAR	YLAN	ND OIL
		TH [Enter only one could have caused by:	se per line	e for (o), (b), and (c).]] -						INTE	RVAL BE	TWEEN
	Conditions, if on gove rise to im couse (o), stating to lying couse lost.	mediate (DUE TO	com	stasta	ne-	T	The	lad	rug	2			
CATION	PART II. OTHI	ER SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DEA	ATH BUT N	OT RELATED 1	O THE TERM	INAL DISEAS	E CONDITION	GIVEN IN PA	ART 1(o) 1	9. WAS PERFO	RMED?
CERTIFIC	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	☐ CAUSE OF DEATH	?0Ь. DESC	RIBE HOW INJURY OF	CCURRED.	(Enter noture	of injury in	Port I or Por	t II of item 18.				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year	20d. IN While of work	JURY OCCURRED Not while of work	20e. PLAC focto	E OF INJURY ry, street, offi	(Home, formice bldg., etc.	n, 20f. (City	or town)		(County)		(Stote)
	21. I certify the	at I attended the	decease	ed fram ///	20	, 19 J	7, ta_/	112	£, 19_5	7, that I	last sav	the d	ecease
	alive an_	28/59	_, 19	, and that	death o	iccurred a	12:12		the causes		he date		abave
	ACTUAL SIGNATURE	longe /	2/	mon	M.	D	Cy	mb	ylor	1	m	d	
	PHYSICIAN'S NAME (Type)	DR. GEORGE	SIMO	ONS			de	you	The same	12.	m		
220	BURIAL, CREMATION			22c. NAME OF CEME		CREMATORY	/	My LOCA	MON (City, tow	n, or county	1)	(Stot	e)
	Burlar	12-1-19	59	SS.Pete	r &	Paul	Cemet		Cumbe		7	74	
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC	D BY REGIST	TRAR 24b. R	EGISTRAR'S	SIGNATU	₹E	

DEC 4

DATE

Cothur & Kraus

James F. Scarpelli, Cumberland, Md.

page 3 should be detached far use as the burial-tronsit permit. may be retained by TO HOSPITAL OR ATT VS A15 (4) 15M 9/5B

			DECIMBAN OF THE	
MILETAN	MARY AND		4014533.11K	
	06/1/108903	CYAD T	diffusasivus	
all of the man	110 DE 1618 E07		LEXERLE PERSONAL	
	190	10. T	HOHTMA 248	
	v. 49, 1909	Out of the last	27198/ 3.41	
. 4.2. 0	o "korukinako, o.	nice derivate eoin	. mai. Yan Minak	
	STORME LIBAROAR		THE PROPERTY OF THE SAME	
Maria Maria	TO A STATE OF AMERICA			
	isi si			
		911)	98. (E010E ^1)	
L. M. disalter	end tradees 12	e consequence	1000 et -91 150 fin	
			audiometric di	

VS. A15ME(5) SM 9/55

	I	
m 18. Give Poges 1, 2, and 3 to the funeral director. 3e 4 should be		permit. File pages trond 2 with the registror prior to buriol, cremotion,
3e 4	1	buriol,
director.	les.	prior to
funerol	orm PM3. Poge 5 moy be retoined for your files.	registror
to the	oined fo	vith the
2, ond 3	y be ret	and 2,
oges 1,	ge 5 mo	boger
Give P	M3. Po	it. File
m 18.	orm P.	f perm

MARYLAND	STATE DEPA	RTMENT OF	HEALTH-BA	LTIMORE, 18
MEDIC	AL EXAMI	NER'S CERT	IFICATE OF	DEATH

12033

	1910/ 10	em 9 F11mG251 1	1-0-39 et			Reg. Dist.	No.
1. PLACE OF DEATH a. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (o. STATE Maryl		ed lived. If institu b. COUNT		The second second second
b. CITY OR TOWN (III and give nearest town Corriganvi.	outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (RURAL and gi	ve nearest fown)
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in	n hospital, give street address)	d. STREET ADDRESS				e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Olie Bel	Middle 1 Clites	Last	4. DATE OF DEATH	Novembe:		Day Year 59 19
5. SEX Female	Um a s		Peb. 27, 1872		9. AGE (In years light birthday) 8 95 yrs.	Months Day	
10a. USUAL OCCUPATION during most of working HOUSET	ON (Give kind of work dane 1 g Jife, even if refired)	Ob. KIND OF BUSINESS OR INDUST	Cooks Mill				OF WHAT COUNTRY
13. FATHER'S NAME	John E. L	ogsdon	14. MOTHER'S MAIDEN Lower				
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES? Ilf yes give way or dates of service) NONE		Floyd G. Cli	ites, C	Address orriganv	ille, M	ſd.
Canditions, if a gave rise to Immed (a), stating the cause tast.	DUE TO ny. which diale couse underlying DUE TO DUE TO di (c)	Acute cardiac Fai Advanced Arterios sease	clerotic Ca				Sudden
PART II. OTH	ier significant condition	S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERA	MINALDISEASI	E CONDITION GIV	EN IN PART 1(19. WAS AUTOPSY PERFORMED? YES NO
	JSE WAS ATRIBUTING (1) 20b. DES	CRIBE HOW INJURY OCCURRED. (E	nter nature af injury in Pa	nt I or Part II	of item 18.)		
20c. TIME OF INJUI Hour a. m. p. m.	1	Od. INJURY OCCURRED 20e. PLAC While Nat while factor It work ot work	CE OF INJURY (Hame, for ery, street, affice bldg., etc.	m, 20f. (City	or town)	(Caunty	(State)
		Accident , Suite Accident accident services & Suite Accident services	cide, Homicid	EXAMINER CAL EXAMINE			ATE SIGNED
220. BURIAL, CREMATIO	Nov. 4, 1959	Porter Cemete		Hynd	Man, Pa.	RD#1	(State)
23. EUNBRAL DIRECTOR		ADDRESS Hyndman, Pa.	240. REC	OV 3 '5		trar's SIGNA	

85031	ST UNCHTERANTALIA THE		
		STEEL STATE	
	Fig. 227 mm A P		
P			WHY.
			T. T.
	Teatron of Youthern		克里
	Charleston Server and April Charleston Control		

	17003			Keg. D	IST. No.
1. PLACE OF DEATH a. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (Where decea o. STATE Maryland	1 6000	ence befare admission)
b. CITY OR TOWN (RURAL and give n Cumber		c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside con		I give nearest town)
d. NAME OF HOSPI' OR INSTITUTION	TAL (tf nat in haspital, give stre	et oddress) Infirmary	d. STREET ADDRESS / 420 East	4th Street	e. IS RESTDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	John First	Middle Henry	Coleman 4. DATE OF DEAT		15, Year
s. sex	777-24	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 4/20/1872	9. AGE (In years of UNDE lost birthday) of yrs.	R 1 YEAR IF UNDER 24 HRS Days Hours Min.
during most af war	king life, even if retired)	b. KIND OF BUSINESS OR INDU Carpentering	STRY 11. BIRTHPLACE (State or foreign North Carol		TIZEN OF WHAT COUNTRY
13. FATHER'S NAME	el Coleman		14. MOTHER'S MAIDEN NAME Mary Damro	m	
	R IN U. S. ARMED FORCES? 1 (If yes, give wor or dates of service)		NFORMANT P.O.Box 5	99 Address Cl	mberland, N
Conditions, if a gave rise to it cause (a), stating lying cause last. PART II. OTI	the under- the significant condition AS UNDERLYING 200. D	At There	leral Hele Al Arteri NOT RELATED TO THE TERMINAL DISE. (Enternature of injury in Port I or P	, -	ONSET AND DEATH (APT 1(a) 19. WAS AUTOPS PERFORMED? YES NO [2]
OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUI Hour o. m. p. m.	Whi	E-	ACE OF INJURY (Hame, farm, 20f. (Cotory, street, office bldg., etc.)	(ity or town)	(County) (State
21. I certify the alive an 11	114/59 19 Accels 6. Dr. James E.	nd that death	accurred at8:10AM, from	(Street, city or town, state)	last saw the decease the date stated above DATE SIGNE 11/16/59
TOATHE (Type)	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	ii eijeiiii eiii	CATION (City, town, or county)) (State)
23. FUNERAL DIRECTOR		ADDRESS Cumberla	ad, Md . DATE NOV 1		S. Kraus

TO HOSPITAL OR AT NOING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after ath. Page 4 may be retained by haspital ar attending physician.

TO FUNERAL DIRECTOX: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban pages. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. IDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

VS A1S (4) 1SM 9/SB

Agnar			yr.
Allegeny	basiques.		Ymaye/1g
	, brail-radings -	10/15/58	Dan Drawanic -
Kana teord	e Mogl cess OSp	y saniful	Tierany County
mber 15, 53	doloren marelob	กุรแกะ	nnlet
	./20/1 72		edina elem §§
.A .8 .7	Moreh Carellus	galvetaaquat	rejudoval - hawites
Autosaa Autosaa yeu Autosaa			instelo, leuras
	401:8	· · · · · · · · · · · · · · · · · · ·	65/717/ET 10 PP
17.57	da. com alasen		
	Cumberland, Kary Pemerory . Ll.com	All arrows	

ADDRESS

John J. Hafer, Cumberland, Maryland

24a. REC'D 8Y REGISTRAR

159

DATE DEC 4

24b. REGISTRAR'S SIGNATURE

arthur & Kraus

executed within 24 haurs after

VS A15 (4)

15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

1563			22038	
gasgultā	builture'			
	Soc Cantral Avenue		·	minudens V
	homiters? hastrodand		Inklamed La	
16	ACTRICS. /2/AC SC. E			
	Peopl. 50, 1776		Celbil	. Fals.
Aan	Configrations, Haryland		p.l	nlog/
	viole, diedarila		rd L. Grabtros	01430
dyar- , beriand,		214-05-6446 X		0.00
	The second of th			Chic in 20th
11/30/30	Length and the Author			
.bK , bmalaodan	122 Bo. Centre St. v	.C.F	ann S. N	
langity ref	at Parks Vamberland,	inomoj(femoud	CE/E/E1	Laires
		State of the		

g.

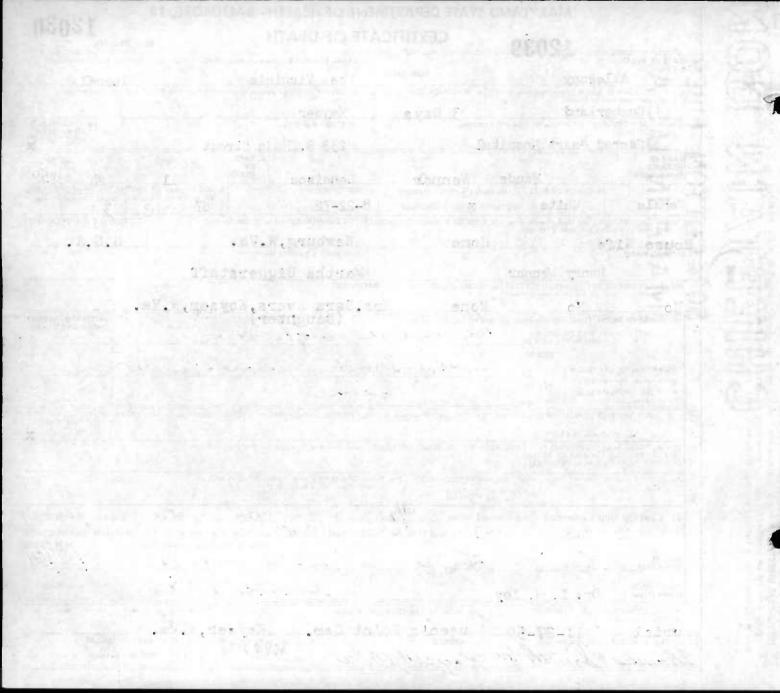
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12030

	1203	P	CERTIFIC	ATE OF DEAT	Н	Reg. Dist	1. No.
1. PLACE OF DEATH g. COUNTY	legany		MARYLAND	2. USUAL RESIDENCE (V o. STATE West Virgi	Where deceosed lived. If in b. CO	UNTY	e before admission)
b. CITY OR TOWN (RURAL and give n	If outside corporate lim	its, write	c. LENGTH OF STAY IN 16		outside corporate limits, v		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, or ed Heart Ho	Call Ha		d. STREET ADDRESS	ain Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fi	_	Middle Wenner	Lost Dennison	4. DATE OF DEATH	Month	Day Yeor 1959
S. SEX Female	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED DIVORCED DIVORCED	8-22-72	9. AGE (In lost birth	1. 1	Days Hours Min.
10a. USUAL OCCUPATI during most of wor House W1: 13. FATHER'S NAME	king life, even if retired)	KIND OF BUSINESS OR IND	Newburg	W.Va.	12. CITIZ	EN OF WHAT COUNTRY?
IS. WAS DECEASED BY	Henry Wenn	-	SOCIAL SECURITY NO.	Martha Bi	ggerstaff	Address	
(Yes, no, or unknown)	(If yes, give war or dates of :	ervice)		rs.Sara Ave	rs Keyser	W.Va.	
Conditions, if a gove rise to couse (o), storing lying cause lost. PART II. OT	the under-		CONTRIBUTING TO DEATH BE	levotice a rocase JT NOT RELATED TO THE TERM	MINAL DISEASE CONDITIO	SCULEV ON GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	n Port I or Part II of item 1	B.)	
ZOc. TIME OF INJU Haur o. m. p. m.	RY Manth, Doy, Ye	ar 20d. It While of wor	Not while	PLACE OF INJURY (Home, for factory, street, office bldg., e	rm, 20f. (City or town)	(Co	ounty) (Stote)
21. I certify to alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the	decease 19		1 , 1959 , to the accurred of 7:41	0	es and an the	date stated above
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THERE		22c. NAME OF CEMETERY	or crematory	22d. LOCATION (City,		(Stote)
23. FUNERAL DIRECTOR	S'S SIGNATURE	20	ADDRESS	240. RE		. REGISTRAR'S SIG	

After this certificate has been signed by the attending physician and campletely filled in by the for hed far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld the registrar prior to buriol, crematian, ar removal, ond in any event within 72 hours after death. page 3 shauld be detached far use as the burial-transit permit. ospital ar ottending physician. may be retained by TO FUNERAL DIRECTOR

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter VS A1S (4) 15M 9/58



0

CERTIFICATE OF DEATH

Rea. Dist. No.

- 1						-
	1, PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Mary]	here deceased lived. If institution b. COUNTY	n: Residence before odmission) Allegany
	b. CITY OR TOWN (If or RURAL ond give neore Cumber 1.		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF C	butside corporote limits, write RU Le - Cumbe	
/	OR INSTITUTION	(If not in hospital, give stree		d. STREET ADDRESS	Vational High	e. IS RESIDENCE ON A FARM? YES NOT
1	3. NAME OF DECEASED (Type or print)	First Willia	Middle	DeVries	4. DATE Monti	
		99 8 4	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 2/12/1883	9. AGE (In years lost birthdoy) 76 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
1	100 USUAL OCCUPATION during most of working Retired = 13. FATHER'S NAME	(Give kind of work done plife, even if retired) Salesman	kind of Business or Indu mperial Ice ream Company	TI. BIRTHPLACE (Stote Parkersbi 14. MOTHER'S MAIDEN 1	ug, w. va.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
		liam Thomas			ry Humbird	
	1S. WAS DECEASED EVER IN [Yes. no, or unknown) (If y	N U. S. ARMED FORCES? 16 res, give war or dates of service)		nformant P.O.Bo	nty Infirmar	"Cumberland, Md
	PART I. DEATH	Enter only one couse per WAS CAUSED BY: AMEDIATE CAUSE (o) DUE TO which) (b)	line for (o), (b), and (c), Core	nary It	brombosio carditis	INTERVAL BETWEEN ONSET AND DEATH 4.5. Fr. S.
	gove rise to imm couse (o), stoting the lying couse lost.	under- DUE TO (c)	Carele	Cit C DO OF-C	rioscleros	io, ?
7	PART II. OTHER PART II. OTHER OR CONTRIBUTING (IF EITHER, NOTIFY ME	Secur	lety a M		Liprion GIVI	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		CAUSE OF DEATH	SCRIBE HØW INJURY OCCURRE	D. (Enter noture of injury in	Port I of Port II of item 18.)	
	YOUR HOUR OF INJURY HOUR O. m. p. m.	Whil		ACE OF INJURY (Home, form actory, street, office bldg., etc.	n, 20f. (City or town)	(County) (Stote)
	alive an 11/3	1 attended the deced 159 19 2000 6. James E.		м.b. 49 Gr		that I last saw the deceased d an the date stated abave. store) DATE SIGNED 11/4/59
	220. BURIAL, CREMATION, REMOVAL (Specify)		22c. NAME OF CEMETERY C		22d. LOCATION (City, fown, o	
	Bufial 23. FUNERAL DIRECTOR'S S John J. Ha		Rose Hill Cer ADDRESS and, Maryland	24a. REC	'D BY REGISTRAR 24b. REGIS	Maryland STRAR'S SIGNATURE MY S. KLANA

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after the page 4 may be retained by a haspital ar attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the foreral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

VS A1S (4) 1SM 9/58

å S			12040	
Transakia (m.	hasiyasi		gargella	
Brie Fradki	io - oleval	6/8/8	Lorigon	200
X x x x x x x x x x x x x x x x x x x x	Lample Handsmall	ViewillnI vanno	Allereng C	
()	Devoles How	na.	T.Eccu	
	/12/1993 - 76			
	estimated by W. W.	Innerdal Toe Green Company	namatiae - b	.▼ *
M. Anofessamus	Auna Mary Atmolyc	a Devrise	will ton Them	
ubrovell years	rituit gimnoo giisgo.			
	A LANGE OF STREET			
		Later X a		
		20 20 2		
Constant of the constant of th	6577/CL	.65/6/á	12/3/49	
21/11/59	its dreeme by.	White a	v	
	BM (Burlasder)		Tenen .wo	
	nafasdami yand	Poma Hill Come		
		hankeran anol-		

PROS

12041 CERTIFICATE OF DEATH

Reg. Dist. No.

12035

residence A FARM? Year 1950 NDER 24 HRS Min.
Year 1950 NO MARKET STATE ST
Year 1950 NO MARKET STATE ST
Year 1950 NDER 24 HRS TOUNTRY
Year 1950 NDER 24 HRS rs Min.
Year 1950 NDER 24 HRS rs Min.
1950 NDER 24 HRS Irs Min.
NDER 24 HRS
Min.
-A-a
BETWEEN NO DEATH
Cus
1
where
1: 1
ro
ALITORCY
S AUTOPSY
(State
1
decease
ted abav
AATE CLOSE
ALE SIGNE
DATE SIGNE
State)
A R

TO HOSPITAL OR ATTENDING PHYSICIAN: The four requirements of the control of the respiration of completely filled in by the forestar, and be retained by a many be retained by the respiration of completely filled in by the forestar, and the filled in by the forestar, and the filled in by the forestar, and a share the second papers. Page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours of perdecth.

Value (A The state of the s The state of the s

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR ATT

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12036

12042

CERTIFICATE OF DEATH

Reg. Dist. No.

)	1. PLACE OF DEATH o. COUNTY	Allegan	7	MARYLAND	2. USUAL RESIDENCE o. STATE Mary	(Where deceosed	lived. If institution b. COUNTY	n: Residence bef	
	RURAL and give	I (If outside corporate limit nearest town)	ts, write c. LE	NGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpor	ote limits, write RU	RAL ond give no	earest tawn)
	d. NAME OF HOS OR INSTITUTIO	PITAL (If not in hospital, g			d. STREET ADDRES		Street	;	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Marg	garet	Middle	Dreyer	4. DATE OF DEATH	Novembe		Year 19 59
	5. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 6/6/1877		9. AGE (In years last birthday) 82 yrs.	Months Days	R IF UNDER 24 HRS. Hours Min.
	10a. USUAL OCCUPA during mast of w Housewill 13. FATHER'S NAME	TION (Give kind of work of arking life, even if retired)	lone 10b. KIND	OF BUSINESS OR INDU	ISTRY 110 BIRTHPLACE (S LONGO 14. MOTHER'S MAID	ning, Ma	aryland	12. CITIZEN C	B • A •
		James Reyn				Conley			
	(Yes, no, or unknown)	VER IN U. S. ARMED FOR (If yes, give wor or dates of se			Allegany C				rland, Md.
0	Conditions, if gove rise to couse (o), statis lying couse lo PART II. C	immediate DUE TO SI. (c) OTHER SIGNIFICANT CON	DITIONS CONTR	Silsele Chronec EBUTING TO DEATH BU E MIL	ral der Myase T NOT RELITED TO THE T Lal de ED. (Enter nature of injury)	pres	zion	osio ceration	TERVAL BETWEEN ISET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJ Hour o. r	URY Month, Doy, Yeo		Not while fo	LACE OF INJURY (Home, octory, street, office bldg		or town)	(Caunty	(State)
1	21. I certify alive an 11 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the 15/59 Accept	, 19 5 E,		n accurred al:1		the causes and reet, city ar town, s	d an the dat	tw the deceased te stated abave. DATE SIGNED
	220. BURIAL, CREMA REMOVAL (Speci Burial			NAME OF CEMETERY C			ION (City, Iown, o	r county)	(State)
	23. FUNERAL DIRECTOR Ruth E.			ADDRESS		REC'D BY REGIST	4-1	TRAR'S SIGNATI	

agns:				
				12042
annan ila	land	mali		YEAR OLD A
	ban (= 0)	inw d	1/27/59	Direct reduction
	ರಂತಗಾರೆ ಜನರ ಕೃತಿಗ	212	de d	Limbo gangalik
	wedstavor - H	20704		ja•agraN
	S8 15 15 15 15 15 15 15 15 15 15 15 15 15	5/2/2577		Formie White
18 .17	Suffyall (all	Lorect		o'lá neus/olf
unberladő. Records	Comiley Box 519 Comit InTirrory	.0.5 rest per		al força e casa i
		a Bartie		
	11/6/59	1:5	7.727/27	min
	.JE omeg			
	BM . Dalas	inst		gerat .ud

060

6 Health 183

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12037

390/2				Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY			re deceased lived. If institut	tion: Residence before admiss	sion)
Allegany	MARYLAND	.o. STATE Maryl	and b. COUNT	Allegany	
b. CITY OR TOWN (If outside corporate limits, write RUI and give nearest town)		c. CITY OR TOWN (If au	tside carporate limits, write	RURAL and give nearest tow	n)
Cumberland	Life	02 Cumberl	and		
d. NAME OF HOSPITAL OR INSTITUTION (IF no Sacred Heart Hos		d. STREET ADDRESS	ord St.		FARM?
3. NAME OF First	Middle	Last 4.	DATE Month		
OECEASED (Type or print) HELEN	D	WYER	DEATH NOV.	7,	50
		DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER TYEAR IF UNDER	
Female White w	IDOWED K DIVORCED M	ar.13,1886	73 yrs.	Months Days Hours	Min.
106. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIIE	Own Home	Y 11. BIRTHPLACE (Stole or Maryland	foreign country)	12. CITIZEN OF WHAT C	OUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME		
Samuel Metz		Jeanette	Poole		
15. WAS DECEASED EVER IN U. S. ARMED FORCES		FORMANT	Address		10
Yes, no. er enknown)		s. Wyley Fr	ranks 1	Flint, Mich	1.
18. CAUSE OF DEATH [Enter only one couse p				INTERVAL BETWEE	N
PART I. DEATH WAS CAUSED BY:	Coronary Occlu	sion		Sudde	
420.1 DUE TO	001011011 00010				
Conditions, if any, which (b)	?	?			
gove rise to immediate cause (a), stating the underlying DUE TO	Coronary Scler				
	ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINA	ALDISEASE CONDITION GIV	EN IN PART 1(a) 19 WAS A	UTOPSY
PART II, OTHER SIGNIFICANT CONDITION 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.				PERFOR	NO A
20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. D CAUSE OF DEATH.	DESCRIBE HOW INJURY OCCURRED. (En	ter nature of injury in Part L	or Part II of Hem 18.)		
3 20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm,	20f. (City or town)	(County)	(State)
20c. TIME OF INJURY Month. Day, Year Hour o. m. p. m. 19	While Not while tactor	ry, street, office bldg., etc.)			
21. I certify that I taak charge of		e, held an Autopsy	, Inspection K).	Inquiry . and	in my
opinion death resulted fram: Nat				rmined manner	,
Popular death resolved from: 14d	Accident E	j, soleide [, Tie	micrae [], Onderer	mined manner [_]	
SIGNATURE Genedict	Skitarelia	M.D. CHIEF MEDICAL EXAM	A Country of the Coun	DATE SIG	GNED
EXAMINER'S TO THE STATE OF	73-4474- 76 70	ASSISTANT MEDICAL		37 [7	705
NAME (Type) Beneale	Skitarelic, M.D.			Nov. 7,	195
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR C		2d. LOCATION (City, town, o		
Burial Nov.10,19			Cumberlan		
23. FUNERAL DIRECTOR'S SIGNATURE Byron Kight	Cumberland, Md	NOV	4 - 150	THAT'S SIGNATURE	

DATE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certifical writing the ward "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral direct should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained folly.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. ATSME 5M 2/57

					PORTS OF THE PARTY
				try by a second	
	. Constant	E FOR			
			El Escoure Alle		
					1000000
100		COLUMN OF			
		Electrical de la companya de la comp			

12038

Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO T Doy Yeo 10 19 IF UNDER 1 YEAR IF UNDER 24 HRS Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A Cumberland, Md Eversole 567 Patterson Ave.. INTERVAL BETWEEN PERFORMED? YES NO (County) (Stote) 19 I hot I last sow the deceased IM, from the couses and on the date stated above. J.T. Johnson Jr NAME OF CEMETERY OR CREMATORY Nov. 13. 1959 Fort Ashby Cem **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

TO FUNERAL DIRECT VS A15 (4) 1SM 9/SB

220. BURIAL CREMATION.

23. FUNERAL DIRECTOR'S SIGNATURE

1226. DATE THEREOF

11 3 and the best of the best of the second of th Kernelland T. State State Co. Haller te or a service of the service of th The second control of the second 及15-10-11度至16-15-11。12-15-11-15-11-15-11-15-11-15-11-15-11-15-11-15-11-15-11-15-11-15-11-15-11-15-11-15-11-15-

VS. A15ME(5) 5M 9/55 M

060

12039

	1901	-					Reg. Di	it, No.	
I. PLACE OF DEATH	1404	J		2. USUAL RESIDENCE (Where decea	sed lived. If Institu	rtian: Resider	nce before a	dmission)
o. COUNTY	Allegany		MARYLAND	o. STATE	rland	b. COUNT	Y ATT	Legany	
b. CITY OR TOWN	(If outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II		porale limits, write			
Cumber			1 Day	02 Cumb	erlan	d			
		If not in ho	spital, give street address)	d. STREET ADDRESS	ELTail	4			S RESIDENCE
Memorial	Hospital -	Memor	rial Avenue	320 Willi	ams S	treet			NO D
3. NAME OF DECEASED (Type or print)	Fir		Middle	Last	4. DATE OF DEATH	Manti		Day	Year
5. SEX	A. COLOR OR PACE		ED NEVER MARRIED 8	DATE OF BIRTH	- DEATH	9. AGE (In years	IFUNDER 1	VEAD IE II	19 50 NDER 24 HRS
Male	White	WIDOWE		August 8.188	80	lost birthday) 70 yrs.		Days Hou	
100. USUAL OCCUPAT	ION (Give kind of work ing life, even if relired)	dane 10b. 1	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	ar fareign	country)	12. CITIZ	EN OF WH	AT COUNTRY
	Carpenter		2.5	Maryland	l		100	U.S.A	
13. FATHER'S NAME		5300		14. MOTHER'S MAIDEN	NAME			UeUer	•
John	Thomas Flak	70	The second	Martha N	Tandle				
15. WAS DECEASED E	VER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17. 1	VFORMANT	io returi	Address			
(Yes, no, or unknown)	(If yes, give war or dates of	service)	7.75	lbur E. Flak		Cumberla	~ ~	Marrel	and
	ATH [Enler only one cau	se per line		That He Lick	.6	Ciminetra	INCL	Mary I	
	ATH WAS CAUSED BY:			a				ONSET AND	DEATH
24	IMMEDIATE CAUSE (a)		Cerebral Hem	orrnage				16	111.5
4.43×	DUE TO			0. 1.	7 10.5				
Canditions, if a	ediate cause		Hypertensive	Cardiovascu	rar D	Lsease			he to to to
(a), stating the									
cause last.) (c)		24175151171115 70 051711 01171					1	
PART II. OT	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	EN IN PART	1(a) 19. WA PER YES	REORMED?
20g, EXTERNAL CA PRIMARY OF OF CO CAUSE OF DEATH	SUSE WAS DITRIBUTING 1	b. DESCRIB	E HOW INJURY OCCURRED. (E	nter nature of injury in Par	t I ar Part II	of item 18.)			
Z 20c. TIME OF INJU	JRY Month, Day, Yes	or 20d.	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm	20f. (City	y or town)	(Cour	ntv)	(State)
20c. TIME OF INJU		While	e _ Nat while _ facto	ary, street, affice bldg., etc.	.)				(5,5,5)
				an bald on Autour					
			remains described abo			nspection [7],		X, an	d find the
death resulted	a from: Natural	causes [Accident [], Sui	cide, Homicide	, U	ndetermined o	ause		
ACTUAL /	3. 1-	1 1	0-1-011			361910		DAT	E SIGNED
SIGNATURE	Unedici	-XH	Ruskelle	_M.D. CHIEF MEDICAL E)	_				- 0.0
EXAMINER'S NAME (Type)	Benedict	Skita	arelic. M.D.	ASSISTANT MEDICAL DEPUTY MEDICAL		- Consult	24, 19	959	
	ON, 226. DATE THEREC		22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCA	TION (City, lawn,			itate)
REMOVAL (Specify Burial	11/27/50)	Pleasant Grov	a Comotame			arvlar		Rural)
23. FUNERAL DIRECTO	- Contract - 1		ADDRESS		D BY REGIST		TRAR'S SIGI		itul er /
Ruth E. S	Silcox (humber	land Marvla	nd DATENC	V 27 '5	9 0	thung of 9	4 .	
74 M 77 77 M	reduced with	MAN CL	Terrain Tier VIC	TICE PARELLE		410	1 1 more	LAGIII.	

188031		AL EX AMINER'S		
		A DESCRIPTION OF THE PARTY OF T		
		CHINA TO SERVICE		
			of - Pursonal Priva	
		Dame Da		
	e		the District of the Park	
			All the same of the same of	
			The most in west than	
			"Yether	
			The second second	
			17 Table 1	
			Property of the Section of the Secti	
		E-1 (100) 100 (100)		
		A RELIGION		
			the agricle senting of their	
			Marie Town Love Technical	
The state of the s	Land of the land of the state of		PET THE PROPERTY OF THE PARTY.	
	STATE OF STA		deministrative	

\$ 2 E			MA		L EXAMINER'S	CERTIFICAT		12()4() D(st. No.
shauld crematic	M)	1.	LACE OF DEATH Alle		MARYLAND	- CTATE	Vhere deceased lived. If institution; Resi	
cestory.		1.0.1	CITY OR TOWN Iff ownide corporate and give nearest town) Cumberland,		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporote timits, write RURAL or Cumberland,	
or of	299		. NAME OF HOSPITAL OR INSTITE D.O.A. Memoria			d. STREET ADDRESS Brant Rd.	Cresaptown	e. IS RESIDENCE ON A FARM? YES NO X
any delay is funeral direc r your files. registrar pri	(C)	3.	NAME OF	fint glas	Middle Eugene	Lost Flanagan	4. DATE Month OF DEATH November	Day Yeor 6. 19 59
the fur ad far y the reg		5. 9		RACE 7- MARRI	ED NEVER MARRIED X 8		9. AGE (In years IF UNDE lost birthday) Months	R TYEAR IF UNDER 24 HRS. Doys Hours Min.
er death and 3 to e retaine id 2 with		10a	USUAL OCCUPATION (Give kind uring most of working life, even if Infant			RY 11. BIRTHPLACE (Stote		TIZEN OF WHAT COUNTRY? U, S. A.
l, 2, c may b		13.	FATHER'S NAME		Hono	14. MOTHER'S MAIDEN N		0,0111
5 5 5 B	1		Frederick				Riley	
Po Gg	(I	You	WAS DECEASED EVER IN U. S. AR	r dates of service)	1.0	Frederic	Address k Flanagan Rt. ‡	Md 5 Cumberlan
I with PM3.			18. CAUSE OF DEATH [Enter only	one cause per line	for (o), (b), ond (c).]		k Flanagan At.	INTERVAL BETWEEN ONSET AND DEATH
form 18 form			PART I. DEATH WAS CAUSE IMMEDIATE CO	USE (o)	Asphyxiation	ı		Sudden
in the with f			Conditions, If any, which)	OUE TO	Aspiration of	of Stomach	Contents	
ould be pencil plang v burial-1			gove rise to immediate course	(b)	Mobile dozon	or of our or	0011001100	
4-		8	couse lost.	(c)	(Also refer			
ifficate slading" in sections of the sections	2	CATION	Status Thym	olymphat	icus; Track	neobronchit		RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
d per ominer		CERTIF	200, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIB	E HOW INJURY OCCURRED. (E	nter noture of injury in Part	t I or Port II of item 18.)	
EXAMINER: T fifting the war of Medical Ex R: Page 3 shau		MEDICAL	20c. TIME OF INJURY Month, Hour O. m. p. m.	While		CE OF INJURY (Home, form ory, street, office bldg., etc.	20f. (City or town) (Co	ounty) (Stote)
riting the first			21. I certify that I took					
- 2			death resulted from: No	turol causes	, Accident , Sui	cide , Homicide	, Undetermined cause	
o DEPUTY MEDICA cute the certifical forwarded to the O FUNERAL DIRECT or remayol.	^		ACTUAL BEST &	et Ski	tarelia	_M.D. CHIEF MEDICAL EX		DATE SIGNED
UTY he ce rded ERAL	d		EXAMINER'S NAME (Type) Benedic	+ Skiter	olio M D	DEPUTY MEDICAL I	examiner Nov. 6. 1	050
cute the forward FUNER or remo		220	BURIAL, CREMATION, 1226, DATE		22c. NAME OF CEMETERY OR		22d. LOCATION (City, town, or county)	
5 2 5 0		-		/59	Danville Ce		Danville, Md.	
VS. A15ME(5) 5M 9/55	R	23.	FUNERAL DIRECTOR'S SIGNATURE Charles L. Ge	orge C	umberland, M	240. REC'I	D BY REGISTRAR'S S DV 9 '59 Orithur 2	
	A.		2060271X	15				5-50 (5-14 - 5-50) C 5

	there are the same of the same	See and the second and an	
man and in smile of			
	The second secon		
			Mark Colores of the Color Colores of the Color Colores of the Color Colores of the Colores of th
	agnetical demands to noticeabou		
	the not appropriate that is the propriate and the second of the second o		
1950		in manual control	

3. E	- West	
3. I 5. S N 10a 13. I 15. I (Yes	M	1. 8
3. I 5. S N 10a 13.		
13. 15. (Yes	061	,
13. 15. (Yes		3.
CATION		5. S
CATION	7	10a
CATION		13.
Ü		15. (Yes
1	0	O.
0.0	1	200

directar,

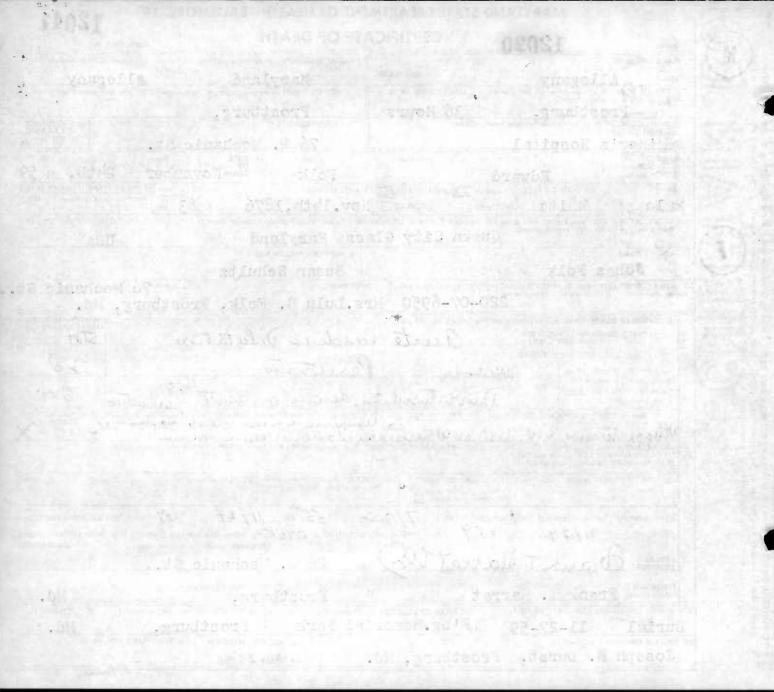
DING PHYSICIAN: The low requires that the death certificate be executed within 24 hours aft

After this certificate has been signed by the attending physician and campletely filled in by hed for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2

VS A15 (4) 15M 9/58

haspital or attending physician. After this certificate has been sined for use as the burial-transitial, crematian, or removal, and	0	MEDICAL CERTIFICATION	PART II. OTHER SIGN 20a. ALCOENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL 20c. TIME OF INJURY Month Hour o. m. p. m.
moy be retained by haspital or at TO FUNERAL DIRECTOR. After this cert page 3 shauld be detached for use as the registrar prior ta burial, crematian	1	2200 E	Hour o.m.

1. PLACE OF DEATH a. COUNTY				- 11	o. STATE	CE (WI	nere decease	d lived. If instituti		ce befare ad	mission)
	llegany		MARYLA	ND	Ma	ry	land	D. COOI111	Alle	gany	
RURAL ond give n		its, write	c. LENGTH OF STAY IN		h n -			orate limits, write R	URAL ond g	ive nearest ((own)
d NAME OF HOSPI	ostburg. TAL (If not in hospital,	nive street	36 Hours		d. STREET ADDI		tburg	,		To Is	RESIDENCE
OR INSTITUTION			additissij		1	KE33				0	N A FARM?
Miner':	s Hospita	1			76	W.	Mech	anic St	•	YES	□ NO [A
3. NAME OF DECEASED	Fi		Middle		Last		4. DATE OF	Mar		Day	Year
(Type or print)	Edw				Folk		DEATH	Novembe	r	24th,	19 77
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B.	DATE OF BIRTH			9. AGE (In years	_	_	NDER 24 HR
Male	White	WIDOW	ED DIVORCED [I N	ov.14th	,18	76	lost birthdoy) 83 yrs.	Manths	Doys Hou	ers Min.
10a. USUAL OCCUPATI	ON (Give kind af wark king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE	(Stote	or foreign o	country)	12. CITI2	ZEN OF WHA	AT COUNTRY
during most or wor	king life, even if refired	" Qu	een City (Flas	s Mary	7]a	nd		T	JSA	
13. FATHER'S NAME					14. MOTHER'S MA					JUA	
Jona	s Folk				Susan	Sc	hults	7.			
15. WAS DECEASED EVI	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INF	ORMANT	20.	2101202		1496 M	echar	nic S
(Yes, no, ar unknown)	(If yes, give war or dates of :	220	0-07-6950	Mr:	s.Lulu I	3.	Folk.	Frost	1		
18. CAUSE OF DE	ATH [Enter anly ane co	use per li	ne for (a), (b), and (c).]							INTERVAL	BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	.1	Acuto	Co	esdiac	· D	ilat	tring		Stat	ND DEATH
572.1	DUE TO	-	auro	540			7 14				0
Conditions if a		0.	4)	6	2. 1-	·ti				2	2
Conditions, if a	immediate (opere	himter	-	enun	2000		1. 1			
lying couse lost.		1	ivertical	tis	, desc. co	Por	., ac	ite per	bration	, 6	101.
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUTN	OT RELATED TO TH	ETERM	NAL DISEAS	E CONDITION OF	EN IN PART	1(o) 19. W	AS AUTOPSY
5 Dunisto	U-2 William	desi	aso (2) Server		reparesis (- Ger	le o ·	advanced		YES YES	_
20a. ALCIDENT W.	AS UNDERLYING	20b. DES	CRIBE HOW INSURY OCC		Enter noture of in	jury in	Port I or Pa	rt II of item 1B.)			
PART II. OT OTHER STATE OF THE CATE OF TH	MEDICAL EXAMINER)										
20c. TIME OF INJUI	RY Month, Day, Ye	or 20d. II	NJURY OCCURRED 20	e. PLAC	E OF INJURY (Ham	ne, farm	20f. (Cit	v or town)	10	ounty)	(State
Hour o.m.	19	While at war	Not while		ry, street, office blo				,	,,	
						_	11/-	11 60			
21. I certify the	hat I attended the	deceas	ed fram. 7/								
alive an	11/24	, 19 2	2_7, and that d	eath o	ccurred at 1.	45 1	M, fram	the causes ar	d an the	date sta	ted abov
		1.	41.6	1			ADDRESS (S	street, city or town,	state)		DATE SIGNE
SIGNATURE_	rank T.	da	max wo) M.	26 V	V. 1	Mecha	nic St.			
									7		
PHYSICIAN'S NAME (Type)	rank T. H	arra	t		Fros	th	iro				Md.
220. BURIAL, CREMATIC	ON, 22b. DATE THEREC		22c. NAME OF CEMETE	RY OR (22d. LOCA	TION (City, town,	or county)		Stote)
Buria I	11-27-5	0	F'bg.Memo					stburg.		,	Id.
23. FUNERAL DIRECTOR		/	ADDRESS			o DEC.	D BY REGIS		STRAR'S SIG		i.u.
	R. Durst.	Tr-		//					JIMAN J JIC	71.11UNG	
oosepii.	Tre Date	T. T	ostburg, 1	IU.	DA	ATEMU	V 2 7 '5	9 0			



12042

		Iter	n 2c. F	ilm G252	11/20/59	is	sle		Reg. D	ist. No		
1,	PLACE OF DEATH	12047			2. USUAL RESID	PENCE (Where decea	sed lived. If institu	tion: Resid	ence be	fore odm	ission)
	o. COUNTY	legany		MARYLAND	o. STATE	fary.	land	b. COUNT		1000	****	
Ł	. CITY OR TOWN (IF	autside carparale limits, write l	TURAL C. L	ENGTH OF STAY IN 16				porole limits, write		Lega		wn)
	and give negrest town)			01 50		111	12/1/2/					
		berland	-7:1 1:1	9 hrs. 50m	d. STREET AE	moe	cland	Lonacor	ling	-	To IC B	ESIDENCE
,		t or institution (if red Heart H		give street oddress)	d. STREET AC	DKESS						A FARM?
	NAME OF DECEASED	First		Middle	Lost		4. DATE	Month	1	Day	Y	ear
	(Type or print)	Frank		Aaron	Grind]	0	DEATH	11	18/5	0	1	9
5. 5	SEX	6. COLOR OR RACE	- MARRIED	The second secon	B. DATE OF BIRTH		1	9. AGE (In years	IF UNDER		IF UND	ER 24 HRS.
	Male	T T T T T T T T T T T T T T T T T T T	WIDOWED	DIVORCED [10/14/1	881		78 rihday! yrs.	Months	Days	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work de	ne 10b. KIND	OF BUSINESS OR INDUS	TRY 11, BIRTHPLA	CE (State	or foreign o	country)	12. CIT	IZEN O	F WHAT	COUNTRY
	furing most of working	ed Baker			Mar	ylar	hd			U.S.	A	
13.	FATHER'S NAME	OG Danes			14. MOTHER'S M					V.a.V.a	17.0	
	Aaron	Grindle			Ten	et i	Conno	70				
15.	The second secon	R IN U. S. ARMED FOR	ES? 16. SOCI	AL SECURITY NO. 17.	INFORMANT	80	Colmin	Address				
(Yes	, no, or unknown)	(If yes, give wor or dates of se				49	- 74 7			100		2.00
-	NO	as fe a d	and the feet) (b) ((-))	Miss Es	une	L HOT	zsnue,	Lona			
		'H [Enter only one cause H WAS CAUSED BY:	Contract of the contract of th			717				ONSI	T AND DE	ATH
	110	IMMEDIATE CAUSE (o)	Lobar	Pneumonia,	bilatera.	L				3	days	3
	440 X	DUE TO										
	Conditions, if an		Pnew	nococcus						3	days	1
	gove rise to immed (a), stoting the u						1125					
	cause fast.	(c)_										
7	PART II, OTH	ER SIGNIFICANT CONDI	TIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO T	HE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 1	9. WAS	AUTOPSY
ETC.					and white							NO T
5	Chronic 20g. EXTERNAL CAU	Myocarditi	B STIEL	W INJURY OCCURRED.	internative of initial	ou.	d I as Bast II	of law 16 h			- Will	NO []
CERTIFICATION	PRIMARY OF CONCAUSE OF DEATH.	TRIBUTING []	DESCRIBE NO	W MAJORT OCCORRED.	center notote of inju	TY III FOI	1 1 01 1 011 11	of item (4.)				
MEDICAL	20c. TIME OF INJUR	Y Month, Doy, Year	20d. INJUR	Y OCCURRED 20e. PL	ACE OF INJURY (He	me, forn	n, 20f. (City	y or town)	(Co	unty)		(Stote)
VED	Hour o.m.	19	While of work	1401 Mulia	tory, street, office b	Hag., etc	7					
-		at I taok charge			ove, held an	Autops	v 4 1	nspection [7]	Inqui	гу 🔣	an	d in my
		resulted from: N		to the same of the	-	_	Hamicide		rmined			,
	opinion deam	resurred from: 14	divide coos	es C, Accident	LI, suicide	L,	Humiciae	, Ondere	minea	manne	: L	
	ACTUAL 9	,	Win	-,/,	CHUES ME	01611.5	V				DATE S	IGNED
	SIGNATURE	enedict &	skila	relic	M.D.		XAMINER [
	EXAMINER'S				ASSISTAN	T MEDIC	AL EXAMINE	ER 📗	71114			
	BARBAR IT A	nedict Skit	arelic,	M.D.	DEPUTY A	REDICAL	EXAMINER	Nov. 8	, 195	9		
220	REMOVAL (Specify)	N. 226. DATE THEREOF		NAME OF CEMETERY O	R CREMATORY			TION (City, town,			(Stot	0)
	Rue 1 - 7	11/9/1	959 08	k Hill Ce	meterv		Lon	aconing	, MD			
23.		S SIGNATURE		ON ING MI) -		D BY REGIST		STRAR'S SI	GNATU	RE	
	GEORGE	EICHHORN	TOMAC	OII THOUSE ME		DATE N	0V 1 0 '	59 0	Thung &	there	4.4	
-									- 44,	7 0 5 100		

VS. A15ME 5M 2/57

The Mathematica and the territory and Long to help a community series Partie a Richard pulmers; 22 Control Santa THE RESERVE OF THE PARTY OF THE ne three It all Sin Cant on Engral THE WORLD TO SEE THE STATE OF THE SECTION AND ADDRESS OF THE SECTION ADDRESS

haspital After this

death

VS A15 (4) 15M 9/5B

BY CHOOSE THE THE STATE OF THE -51 Market The Burns Iss Dalling Clarge Clarge 學術 文學 In H. 以 Sensing all The Application in the Long and we are a first part made in the containing on the second wheels . with the contract of the contr THE REPORT OF THE PARTY OF THE

M

VS A1S (4) 1SM 9/SB

offer seath.

the registrar priar ta burial, crematian, ar remaval, and in any event within 72 haurs,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 12049

Reg. Dist. No. 12044

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATEMARYLAND b. COUNTY ALLEGANY							
AL	LEGANY		MARYLAND	a. SIATEMARY	LAND	b. COUNTY	ALLEG	ANY			
B. CITY OR TOWN RURAL and give CUMBERL	l (If autside carporate limi negrest tawn) AND	ts, write	7 DAYS		N (If autside carpore TOWN	ate limits, write f	URAL and give n	earest taw	n)		
d. NAME OF HOSE OR INSTITUTION ME,MOR	PITAL (If not in hospital, g	ive street a	ddress)	d. STREET ADDRE	ESS			ON	SIDENCE A FARM?		
3. NAME OF DECEASED (Type or print)	Fir CH/	ARLES	Middle F • 1	Lost HAUGH	4. DATE OF DEATH	NOVE		Day	Year 19 59		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRI WIDOWEI	ED NEVER MARRIED X	B. DATE OF BIRTH UNKNOWN	5	O. AGE (In years last birthday) O. yrs.	Manths Days		T		
10a. USUAL OCCUPAT during most of we RETIRE	arking life, even if retired)	aborer R.R.	JSTRY 11. BIRTHPLACE MARYLA		intry)	12. CITIZEN	S.A.	COUNTRY		
13. FATHER'S NAME CHARLE	S W. HAUGH			14. MOTHER'S MAII BERTH	A PIPER						
IS. WAS DECEASED EV (Yes, no, or unknown)	VER IN U. S. ARMED FOR	ervice)		INFORMANT MEMORIAL HO	SPITAL -	CUMBERLA	ND, MAR	YLAND)		
Canditians, if gave rise to cause (a), statinglying cause las	immediate g the <u>under-</u> t. DUE TO)) DITIONS C	Carcinion to DEATH BU	orratos T NOT RELATED TO THE		brae CONDITION GIV	is 6	19. WAS	L orea		
~ OF CONTRIBUTION	MAS UNDERLYING AND CAUSE OF DEATH- FY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter nature of inju	rry in Part Lor Part	II af item 18.)					
Y 20c. TIME OF INJU Haur a.m p. m	10	While	UURY OCCURRED 20e. P Not white at wark	LACE OF INJURY (Hame actary, street, office bld	e, farm, 20f. (City g., etc.)	or town)	(Caunt)	γ)	(State		
21. I certify alive an	that I attended the	decease , 19 S	-0	h accurred at 5:	37AM, fram t			te state			
PHYSICIAN'S NAME (Type)	DR. WEISM			Cu	when	ace	1 he	d			
22a. BURIAL, CREMAT REMOVAL ISPECIA BURIAL	Nov.13		22c. NAME OF CEMETERY COldtown Co			ON (City, town,	or county) OldtoWI	(Sto	ote)		
23. FUNERAL DIRECTO	or's signature 1 Kight	Cumb	erland, Md	24a.	REC'D BY REGISTR		STRAR'S SIGNAT				

			12049
YHACELJA	GHAJYEAN		YMADZIJA
	HASTOJS.	07.0	gra.Index.1
			JATTPECK WIRELE
ii parawa			HARD
		A CHARLES	THE MHITE
	THE THE STREET	.d.e_composid	62 HT38
	STATE AND SEC.		THEOREM . W PAIRWES

eath. Page 4

VS A15 (4) 1SM 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

CERTIFICATE OF DEATH

12045

	12105	CERTIFIC	CATE OF DE	ATH	Reg. Dis	TEAUTH
. PLACE OF DEATH	Allegany	MARYLAND	O STATE B.C.	CE (Where deceased lived	d. II institution: Resident b. COUNTY Alle	ce before admission)
b. CITY OR TOWN (If outside corporate limits, we carest town!	rite c. LENGTH OF STAY IN 18		N (If outside corporate li		give nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give s Douglas Av		d. STREET ADDR	uglas Ave	nue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Blanche	Middle	Henry	4. DATE OF DEATH	November	Doy Year 19 59
Female	Monto	MARRIED MEVER MARRIED DOWED DIVORCED	December		GE (In years IF UNDER Months yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.
de de la companio de	ON (Give kind of work done	Own Home	Lonac	(Stote or foreign country oning, Ma	ryland 12. CIT	U.S.A.
13. FATHER'S NAME	Robert Cl	ark	Anne	Mae Harde	n	
1S. WAS DECEASED EVE	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		William H		Lonaconin	g, Md.
	ATH [Enter only ane couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	perfine far (a), (b), and (c).]	ascular	accide	tre	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if a		arterioso	Recosis			years
couse (o), stoting lying couse lost.	the under-	Diabeter	melli	tus		years
CATIC		ONS CONTRIBUTING TO DEATH B				T 1(a) NP. WAS AUTOPSY PERFORMED? YES NO X
OR CONTRIBUTING	AS UNDERLYING [] 20b. G CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of inj	ury in Part I or Part II of	item 1B.)	
20c. TIME OF INJUI Hour o. m. p. m.	v	Nod. INJURY OCCURRED While Not while twork of work	PLACE OF INJURY (Hom factory, street, affice bld	e, form, 20f. (City ar to lg., etc.)	own) (0	County) (State)
21. I certify the	nat I attended the de	CC	1957, to			last saw the decease he date stated abave
ACTUAL SIGNATURE	(Rise	ruly A.	M.D		city or tawn, state)	DATE SIGNE
PHYSICIAN'S L	ESLIE R. N	MILES IR	Loi	VACONING	G	MO.
Buria 1	22b. DATE THEREOF 11/16/5	9 Philos Ce			(City, town, or county) ernport,	(Stote) Md
23. FUNERAL DIRECTOR George I		Lonaconing,	Ma	REC'D BY REGISTRAR	24b. REGISTRAR'S SIG	

ZARDLIS TO	Diministra 1 and		S Synapsidia	
	natro: onel			in the state of th
880	mwA sulpus!	S au	Boughts ave	
T all modern	7219		SE0 18 0	
	SERE, SE CELLED		6024	of and V
	Lond don't no.	Onto come	25.0	
	Anna I'ne lighten		ALC: Stades	
en contant, and a	yapali se i Si gana Yapali se i Si gana Yapali Li gana Kabulan Yapali Kabulan Kabulan	ni ande		OII

Frostburg.

23. FUNERAL DIRECTOR'S SIGNATURE

Durst.

Joseph R.

VS. ATSME

5M 2/57

(Stote)

Md.

24b. REGISTRAR'S SIGNATURE

R'S	CERTIFICATE OF DEATH		12046
		Reg. Dist. No	
	2. USUAL RESIDENCE (Where deceased lived. If institution	n: Residence be	fore admission)
ND	o. STATE Maryland b. COUNTY	Alle	gany
1b	c. CITY OR TOWN (If outside corporate limits, write RU	IRAL and give n	earest town)
	X Route 1, Frostburg,		
	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	Lost 4. DATE Month	Day	Yeor
	Henry DEATH November	21s	t. 19 59
7 B.	DATE OF RIPTH 9. AGE (In years IF	UNDER TYEAR	
C	ept. 8th, 1887 72 yrs. N	lonths Days	Hours Min.
	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN O	F WHAT COUNTRY?
	Maryland		SA
2	14. MOTHER'S MAIDEN NAME) 0	UA
17 194	NOTA ROSS FORMANT Address		
		9.9:	200 200
lia	mond E. Henry, Rt.1, Fr	costou	g, Ma.
40		INTE	H AND DIALL
7	ary Embolism	5	vagen.
	1111 + 1 DL11		5 6
6	Upper End Rt Hum	erus	11199
BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART YOU	9. WAS AUTOPSY PERFORMED?
2	- Isheum alic Value	2/1/15	YES NO
AEI	ter nature of injury in Part I or Part II of item 18.)	11	
101	TE T- INTEXPED She	oulde	21-
PLAC	E OF INJURY (Home, farm, 120f. (City or town)	(County)	(State)/
focto	ry, street, office bldg., etc.) Frosthing	101100	MUIND.
abov	e, held an Autopsy . Inspection	Inquiry D	and in my
ent [nined monn	
	CUIEE MENICAL EVALUISIER [7]		DATE SIGNED
	M.D. CHIEF MEDICAL EXAMINER	N7	1

240. REC'D BY REGISTRAR

DATE NOV 2 5 '59

3 , . , . A STATE OF THE STA

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12047

	1209	2	CERTIFIC	All	OF DEA	In			Reg. D	ist. No.		
1. PLACE OF DEATH	2.000			2.	USUAL RESIDENCE	Where dec	eased live		on: Reside	nce befo	re odmi	ssion)
Allegan	V		MARYLAND		o. STATE Marv]	heel		b. COUNTY	AT	leg	anv	
b. CITY OR TOWN (If outside corporate limi	its, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (C-00 0 00	orporote I	imits, write R				
RURAL and give n			Lifetime	12:	Frostbu	***				-		
d. NAME OF HOSPIT	TAL (If not in hospital, s	ive street		1	d. STREET ADDRESS		1114.	10 00		agreement of	DS E	SIDENCE
OR INSTITUTION				1							ON	A FARM?
	Hospital							c St.	2		AF2 [] но 🗆 Х
3. NAME OF DECEASED	Fi	rsf	Middle		Lost	4. DA		Man	th	Do	У	Year
(Type ar print)	PEARL		M.	H	OPKINS	DE	ATH	1	1	2	3	19 59 .
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. D	ATE OF BIRTH		9. AC	GE (In years st birthdoy)			1000	DER 24 HRS.
F	W	WIDOWI	ED DIVORCED	3	-8-1900		10	59 yrs.	Months	Days	Hours	Min.
Oa. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR INDI	USTRY	11. BIRTHPLACE (Ste	ole or fore	gn country	1)	12. CI	TIZEN O	F WHA	T COUNTRY
Housewif	king life, even if retired		Own home		Zihlma	an				II.	S.A	.=
3. FATHER'S NAME	<u></u>		- H22 210110	14	. MOTHER'S MAIDER						04.47	•
Tales Dal	lama a la						1.6.	e e				
John Del		ccco l			inderell	La Di	TOT.					7-1-3
(Yes, no. or unknown)	If yes, give war or dates of s	ervice)			MANT			Addi		-		Ivid .
No	None	2.	15-20-7112	Irs	. Lee Re	phar	n, 56	6 Bro	adwa	y, F'	ros	tburg
18. CAUSE OF DEA	ATH [Enter only one co	ouse per li	ne for (a), (b), and (c).]	7.								ETWEEN
PART I. DEA	TH WAS CAUSED BY:	, (erebral ;	He	um led	al				ONS		DEATH
33/x	DUE TO		7		/	1				1	4.00	M 46.2
Conditions, if o	av which)	4	Harry Store	200	/						1	>
gove rise to i	mmediate	7	The Meens	NY	7						fine	,
lying cause lost.			(1)							10		
) (c	,	CONTRIBUTING TO DELTH BU	7.1.07	A							
PART II. OII	TEK SIGNIFICANT CON	. SMOILION	CONTRIBUTING TO DEATH BU	NOI	RELATED TO THE TER	RMINAL DI	SEASE CON	NDITION GIV	EN IN PAI	RT 1(o) 1	PERF	ORMED?
PART II. OTH			NON	00							YES [] NO []
OR CONTRIBUTING	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Er	iter nature of injury	in Port I or	Port II of	item 18.)				
	MEDICAL EXAMINER)											
20c. TIME OF INJUR	Y Month, Doy, Ye	or 20d. II	NJURY OCCURRED 20e. P	LACE (OF INJURY (Home, fo	orm, 20f.	(City or to	wn)		(County)		(State)
Hour a.m.	19	While of wor	TAOL MINIC	octory,	street, office bldg.,	elc.)						
				Marie -	ET!	100	4 0 0	~				
	at I attended the	deceas	ed from 2507		, 19 <u>27</u> , to	NOV	123	, 19_7	_,that I	last so	iw the	decease
alive on	104-23	, 19	, and that deat	h-occ	curred at \$3.1	01-M,	fram the	e causes a	ind an t	he da	le stat	ed above
	1. CV.	1	Jah. in	0		ADDRES	S (Street, o	city or town,	stote)		0	ATE SIGNE
SIGNATURE	marker	SINGE	Cratey	M.D.								
PHYSICIAN'S NAME (Typo)												
20. BURIAL, CREMATIO	N, 22b. DATE THEREC	F	22c. NAME OF CEMETERY	OR CRI	MATORY	22d. L	OCATION	(City, town, o	or county)		(Sto	ite)
REMOVAL (Specify)	17/27/	59	Frostburg I	Tan	oniel D	777	I'm	n de la	~			M.a
3 FUNERAL DIRECTOR	S SIGNATURE TT	Para 7	Funeral Home			EC'D BY RE		Stbur 24b. REGIS		GNATUR	RE .	na.
Teulah H. 716	interest 23	E. I	Wain.Frostb	322		BIOLI O	0 '59		Elmit &			
(11)	20	De I	Math'LLOS POI	11,5	a IVICI a DATE			4	1. 40	P. LOPING	U-Sh	

The State of	HTARGE OF DEATH	
()		
	Committee of the commit	
more many transfer on the		
	The state of the s	
	TAKE THE PROPERTY OF THE PARTY	

9 %

i i

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

arthur S. Huma

CERTIFICATE OF DEATH Reg. Dist. No. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Allegany b. COUNTY MARYLAND Marvland Allegany b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) Cumberland, 2 Cumberland. d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 200 Decatur St., 200 Decatur St. YES NO TA 3. NAME OF 4. DATE Middle Year DECEASED Bessie (Type or print) Howsare DEATH 19 59 Nov. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Female White Months Feb. 17, 1898 WIDOWED [DIVORCED A 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Housewife, even if retired) Own home Bedford Co. Penna. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah E. Bennett Mark Howsare 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1332 Adams NO , Mrs. Wm. Kelty Washington. D. C. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO 422.2 DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), slating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur a. m. Nat while at wark al wark 21. I certify that I attended the deceased from. 21, that I last saw the deceased , and that death occurred at $7:40\mathrm{AM}$, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 16 Greene St. PHYSICIAN'S James Johnson M.D. Cumberland, Md. NAME (Type 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jawn, or county) (State) Mt. Hope Cem. Nr. Artemas, Penna. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Charles L. George Cumberland, Md. DATHOV 2 5 '59

TO FUNERAL DIRECT the registror VS A15 (4) 15M 10/57

	PORTAGE REP	CERTIFICATE	A P	
		A PART OF THE PART		
				*
	12			
			THE PARTY NAMED IN	
513.19				
· · · · · · · · · · · · · · · · · · ·				
A World Steel Time Co. (20)				
attings and times 2.20s				
All water sent time and 200 and and an annual sent time and an annual sent tim				

VS A15 (4) 15M 9/58

060

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12049

19051	CERTIFICA	ATE OF DEA	TH	Reg. Dist. No.	
1. PLACE OF DEATH a. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE o. STATE MARYLAND	Where deceased lived. If ins b. COU		lmissian)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporate limits, wr LAND	rite RURAL and give nearest	tawn)
d. NAME OF HOSPITAL III got in hospital give street OR INSTITUTION MEMORIAL HOSPI MEMORIAL & WARWICK AVE	d. STREET ADDRESS	TH STREET	0	RESIDENCE ON A FARM? S NO	
3. NAME OF DECEASED (Type or print) The print of the pri	Middle V •	JONES Lost	4. DATE OF DEATH NOVE	Month Day EMBER 23	Year 19 59
5. SEX FEMALE 6. COLOR OR RACE WHTE WIDOW	**	B. DATE OF BIRTH JANUARY 7,	9. AGE (In your lost birthd	lay) yrs. F UNDER 1 YEAR IF	OUTS Min.
10a. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired) Checker	kind of Business or Indu		ate or foreign country)	12. CITIZEN OF WH	AT COUNTRY
13. FATHER'S NAME JOHN TWIGG		14. MOTHER'S MAIDE	· · · · · · · · ·		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no. or unknown) Ilf yes, give war or dates of service)	SOCIAL SECURITY NO.	INFORMANT	yn L. Benne	Address tt 29 Fifth	G.I.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) / 5 % X DUE TO Canditions, if any, which gave rise to immediate couse (a), stating the under-lying cause last. Part II. OTHER SIGNIFICANT CONDITIONS	h livere n	retastases	and axei	N GIVEN IN PART 1(a) 19. W	VAS AUTOPS) ERFORMED? B NO S
PART II. OTHER SIGNIFICANT CONDITIONS. 200. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury	in Port I ar Port II af item 1B	()	
20c. TIME OF INJURY Manth, Doy, Year 20d. Haur a. m. 19 While at wa	Nat while fa	LACE OF INJURY (Home, factory, street, affice bldg.,		(Caunty)	(State
21. I certify that I attended the decearative on Nov 2.3 , 19. ACTUAL SIGNATURE OF PHYSICIAN'S NAME (Type) WYLIE M. FAW	40		5 MM rom the causes ADDRESS (Street, city or to	s ond on the dote sto	
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, to	ıwn, ar county)	(State)
Burial II-27-59 23. FUNERAL DIRECTOR'S SIGNATURE	Greenmount		Cumberla		
James F. Scarpelli	Cumberland,	Md . 240. R	NOV 3 6 59 AR 246.	REGISTRAR'S SIGNATURE	

# 1 mg			
			12001
VILLOCALIV TO	O/ALYSIA		Y. (1) 21.19
	CHALESERY	, h (SEALING THE
	THISTO HYTH OS	10 10	117 23 ()) (11 12 13 14 17 18 18 18 18 18 18 18
gs REGREVO	M 13 23101		119,1214
	JAHUMRY 7, 1911 16		THE MAIN
	CIMETRIAND, PD.		Takoak.
	JUIN BREETH		pend Kadu
	mercul report in a		
	on have been therefor		
	E WW Tar	1-44	William Street
CHEVE IL		Tall the	ELIX OF AS
			WY IN BUYW

peral director, be filed with

TO HOSPITAL OR AT A VOING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after the may be retained by hospital an ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Funes page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should the registrar prior to burial, cremotian, or remayal, and in any event within 72 hours after death.

M

Reg. Dist. No.

	77007							Keg. Dist	, No.
PLACE OF DEATH o. COUNTY	Allegan	y	MARYLAN	11 .	JSUAL RESIDENCE (W. STATE Maryl		d lived. If institution b. COUNTY	n: Residence	
RURAL and give	(If outside corporate limi nearest tawn) Pland	imits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate in 6/10/59 Westernport							
d. NAME OF HOS OR INSTITUTIO	PITAL (If not in hospital, g	ive street add	irmary		d. STREET ADDRESS	akvie	w Drive		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Net:		Middle	Ki	dwell	4. DATE OF DEATH	Novembe	_	Day Year 19 59
5. SEX Female	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED [-	14/1881		9. AGE (In years last birthday) 78 yrs.		YEAR IF UNDER 24 HRS. Days Haurs Min.
10a. USUAL OCCUPA during most of w Housewi	TION (Give kind of work orking life, even if retired	dane 10b. KIN	ND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE (State Cross, W				S · A ·
13. FATHER'S NAME	James Tas	ker		14	. MOTHER'S MAIDEN I		Sarah Bi	ser	
15. WAS DECEASED E (Yes, no, or unknown)	VER IN U. S. ARMED FOR		CIAL SECURITY NO.		MANIP.O.Bo				oerland, Mo
CATIC	immediate DUE TO st. (c) OTHER SIGNIFICANT CON	DITIONS CON	h Here	up	l arte RELATED TO THETERM Blegia	١	oclero E CONDITION GIVI	4	1(a) 19. WAS AUTOPSY PERFORMED? YES NO D
200. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING A NG CAUSE OF DEATH FY MEDICAL EXAMINER)	26b. DESCRI	BE HOW INJURY OCCU						
WE OF INJ. Haur a. r. p. r.	n. 10	While	JRY OCCURRED 20e Nat while at wark	factory,	OF INJURY (Home, farr street, affice bldg., et	m, 20f. (City c.)	ar tawn)	(Co	iunty) (State
21. I certify alive an 1	that I attended the 1/211/59 Dr. James	(0)	and that de		curred at 2:25	AM, from ADDRESS (Siene S	the causes and treet, city or town,	d an the	t saw the deceased date stated above DATE SIGNED
22a. BURIAL, CREMA BEMOVAL (Specific Specific Sp	11/27/	5-92	Phulos ADDRESS	Y OR CRI		22d. LOCA	TION (City, town, o	ter (ounty)	2 McC

			. 3803
*	and the same		www.com
	ฮ์ซดะแบบจัด	03\01\ò	box[redrub]
x College	10h Dekries Deive	Act word.	
	dusvoil 110	while	olesol Lessie
	A.301	,'I',ċ	Panule Twilte
	11. 2. 0E4, (E8C)	rt	formackile
102.	ia detail		roja - comi
	T.O.Box 500 are Copula Inflamat		
	Charles Hill	Kalance Sa.	
		Same of the	
			11.00
	2:25A		
11/25/59	.da amesa el	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	. Let . In alreday:	πse.Tol	E Econol (40 KMM)
	Medan	The State	Farmer Warley
	A SECTION OF	MI TO THE	

CEDTIEICATE OF DEATH

	75032	CERTIFIC	AIE OF DEATE		La Partie	Reg. Dist	t. No.	
a. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Mary	rland	lived. If institution b. COUNTY	4 00	e before odmi legan	
RURAL and give i		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		ate limits, write R	URAL and gi	ive nearest taw	νn) ·
OR INSTITUTION	TAL (If nat in hospital, give stree	D.O.A.	22Frostbur d. street address 50 de Ormo	nd St	reet		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE	Man		Doy	Year
5. SEX	Phoebe 6. COLOR OR RACE 7. MAI		Knepp B. DATE OF BIRTH		November 19. AGE (In years last birthday)	IF UNDER 1	1 YEAR IF UNIT	
Female	White WIDOV		Nov. 17th.	1902	56 yrs.		EN OF WHAT	
during most of wo	rking life, even if retired) ne OperatorS:		Pennsylv	rania			ISA	
3. FATHER'S NAME	l Coleman		Sarah M.		3			
	ER IN U. S. ARMED FORCES? 16 (If yes, give wor or dates of service)	S. SOCIAL SECURITY NO.	INFORMANT	FO 1	Add			343
100 100 100 100 100 100 100 100 100 100	ATH [Enter anly ane cause per ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line far (a), (b), and (c).]	eo.H. Knepp	, 50g	Ormond	St	INTERVAL E	
Canditians, if gave rise to cause (a), stating lying cause last	any, which immediate the under-	or or or of ly	ent Dres	ally				
PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BI	JT NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	PERF	S AUTOP ORMED?
20a. ACCIDENT W	AS UNDERLYING 20b. DE G CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I ar Part	II af item 18.)	150		
20c. TIME OF INJU Haur a. m. p. m.	RY Manth, Day, Year 20d. 19 Whil 19 at we	e Nat while	PLACE OF INJURY (Hame, farm factary, street, office bldg., etc		ar tawn)	(Co	aunty)	(Sto
alive an	hat I attended the deced	ised from	th accurred at	_M, fram 1 ADDRESS (Str	reet, city ar tawn,	d an the	date state	
PHYSICIAN'S NAME (Type)	George M. Sim	ons.	M.D. Algond Cumber				1///	-10
	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCAT	ION (City, tawn,	ar caunty)		ate)
23. FUNERAL DIRECTO	11-15-59 R'S SIGNATURE	Rest Lawn	Mem. Gardens	D BY REGISTI		STRAR'S SIG	SNATURE	ld.
Joseph	R. Durst, Fr	rostburg, Md	DATE	JV 1 6 '5	9 0	Thun &	Thank	

TO HOSPITAL OR ATT TO ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after 2 th. Page 4 may be retained by caspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the forferal director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/5B

Alasticant trained fringed and an host. The 200-01-6050 0-60.U. copp. 506.0mmdno 8:. . Ditt.

. SICKAI gastest, deskind inelle Ct-CI-II Isiana

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12094

CERTIFICATE OF DEATH

12052 Reg. Dist. No.

		_									_
1. PLACE OF DEATH a. COUNTY			MARYLAND	2. USUAL RESIDI	NCE (Who	ere deceased	d lived. If instituti b. COUNTY				on)
b. CITY OR TOWN (T RURAL and give no	outside carporate limi	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If or	utside carpo	rate limits, write R		give near)
Frosth			5 Wks.	× Eckh	almitur	3 (1)					
d. NAME OF HOSPIT. OR INSTITUTION	AL (IT not in haspital, g	give street		d. STREET AD	The second name of the second	0			e	IS RESI	
	Miner's H	ospi	tal	P:-0	Box	.59	D.	100			NO D
3. NAME OF DECEASED	Fir	st	Middle	Lost		4. DATE OF	Mor	ith	Day	Y	/ear
(Type or print)	Antho			omatz		DEATH	13	L	8	1	959
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH			9. AGE (In years last birthday)	IF UNDE Months	R I YEAR 1		
Male	White	WIDOWI		July 2		906	QQyrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLA	CE (State o	ar fareign c	ountry)	12. C	ITIZEN OF	WHAT	COUNTRY
Butch			Meat Market	Md.	Zihl	man		I	J. S.	A.	
13. FATHER'S NAME				14. MOTHER'S A	AAIDEN N	AME					
Andrew	Komatz			Mart	ha B	olli	nger				
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT			Add	ress			
No.	in yes, give wor or ourse or s	2.	17-14-4576 M	rs. Rut	h Ko	matz	Eckhar	t. N	Id.		
18. CAUSE OF DEA	TH [Enter anly one co	use per li	ne far (a), (b), and; (c).]	-			1 %			VAL BET	
PART I. DEA	TH WAS CAUSED BY:	Cla	a. alsme	- la	n	est 1	initio		ONSE	TAND	DEATHS
445 x	DUE TO			//	,	11				-/	1
Conditions, if or	ny, which) (b	1	diana	it the	16	200	non	an	12:	-50	ns
gave rise to in	nmediate (1 / port source							
lying cause last.	ne <u>Under-</u>	1	leond	and	Ce-	ner	nia		6	mi	3.
PART II. OTH	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	HE TERMIN	AL DISEASI	E CONDITION GIV	EN IN PA	RT 1(a) 19.	WAS A	UTOPSY
15	te	220	ne anto	mid-	20	ler	pois.			PERFOI YES	NO P
PART II. OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of	injury in P	art I ar Parl	I II of item 18.)				
ZOc. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Yes	ar 20d, It While at war	Nat while fo	ACE OF INJURY (Hi			ar tawn)		(County)		(State)
21. I certify th	at I attended the	deceas	ed from 6-10	1959	ta	11-	8 1939	that !	last say	v the	decease
alive on/	11-8	. 19	9, and that death	occurred at/	11757	M from					
	7/67	A	10	-2			reet, city or town.		ine date	DA	TE SIGNE
ACTUAL	7.6.	X	cell	MD 39	WI	me	Um Si	,		11,	1101
PHYSICIAN'S NAME (Type) 7	4.C.D	ie	4L, MID	· 7	20.	sto	ung	n	id.		
220. BURIAL, CREMATION	N. 22b. DATE THEREO)F	22c. NAMÉ OF CEMETERY O	R CREMATORY		22d. LOCAT	TION (City, 19mn,	or county)		(State)
REMOVAL (Specify)	וברובוו	1959	The laborate Com			T1 - 1-1					
			THE KILL PT. LIGHT	ATANT	1	H. O IV	C) 77 5"			10.00	
23. FUNERAL DIRECTOR'S			Eckhart Cen		4o. REC'D	Eclch BY REGIST		STRAR'S S	IGNATURE	MC	-

MARYLAND STATE DISPARTMENT OF HEADIN-STATEMOSES 13

12053	1	2	0	5	3
-------	---	---	---	---	---

CERTIFICATE OF DEATH

Pag Dist No

14000	Keg. Dist. 140.
1. PLACE OF DEATH O. COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARKLAND ALLEGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERIAND 14 DAYS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 22 FROSTBURG,
d. NAME OF HOSPITAL (If not in haspital, WARW) CKOSS MEMORIAL MEMORIAL HOSPITAL AVES.,	d. STREET ADDRESS 51 SOUTH WATER STREET 6. IS RESIDENCE ON A FARM? YES NO. 6.
3. NAME OF First Middle DECEASED (Type or print) BERNARD Me	Leese 4. Date Manth Day Year OF DEATH NOVEMBER 17 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH SEPTEMBER 14 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) OO yrs. 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) OO yrs.
Oc. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man C&A Gas Co.	MARYLAND U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	MARGARET MC KENZIE
(fes. no. or unknown) (If yes, give war or dates of service) 214-05-8195	MEMORIAL HOSPITAL, CUMBERLAND, MARYLAND
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	of Kease Whommed 3mo
201X DUE TO STORAGE	a lace again
Conditions, if any, which gove rise to immediate (b)	magary minera
cause (a), stating the under-	neatit shoot
Iying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ATIO	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Part I ar Part II of item 1B.)
	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State or county) (State or county)
21. I certify that I oftended the deceased from 9-	9 19 9 to 11-17 - 195 Fat I lost sow the deceased
alive on 11-17-19 39, and that deal	th occurred at 2:55M, from the couses and on the date stated above
Se a bel	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE A MULE	mas Cumberland pld, 11-19-
PHYSICIAN'S DR. W. F. WMS.	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial II-20-59 Philos Ce	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE
Joseph R. Durst, Frostburg, Md	DATE NOV 23 59 Orthun S. France

filed with ral directar, After this certificate has been signed by the attending physician and campletely filled in by the FLA shed far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should the registrar priar ta burial, crematian, or remaval, and in any event within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the may be retained by haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached far use as the burial-transit permit.

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

ath. Page 4

12015		Desir School States	MINAND STATE	
. n. er		HIARD TO TH		**82003
· · · · · · · · · · · · · · · · · · ·	KADELIA EL	CHALYBAS		VHAPSUIN
		PRINCIPALITY OF THE PRINCIPAL PRINCI	2715	1000
	THEM SERVE	Wa Hungs TE	JAIRON PASSAN	TOTAL TANGENT T
3 50	ALD WOL	00.00		delettes services
		d: depairer		310 V 3.60
	. 17	OKALIY RIM	.e2.en. 12	The sector Pic
	install	и тэяхалы		ardau Maluaty
	man and the first			
		977:518		
	M. Service	in the second		AN A
			en en en Language	

	12054	- 194	CERTIFIC	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Allega	ny	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary	ere deceased lived. If institution b. COUNTY	n: Residence before admission) Allegany
b. CITY OR TOWN (RURAL and give n Cumber		s, write c. LE	/24/1953		utside corporote limits, write RU	IRAL ond give nearest town)
d. NAME OF HOSPI OR INSTITUTION	Allegany		Infirmar	d. STREET ADDRESS	Louisianna A	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	Mary	it	Middle Edna	Lindell	4. DATE Mant OF DEATH NOVEMB	
5. SEX Female	White	WIDOWED 📉	NEVER MARRIED [B. DATE OF BIRTH 10/19/1879	80 yrs.	Months Doys Hours Min.
during most of wor Housewif 13. FATHER'S NAME	king life, even if retired)	Own	nhome	Wardensvi 14. MOTHER'S MAIDEN N Annette	lle, W. Va.	U. S. A.
	ER IN U. S. ARMED FOR (If yes, give wor or dates of se	CES? 16. SOCIA	AL SECURITY NO.	INFORMANT P.O.BO		"Cumberland, Md. Records
PART I. DE/ 422,/	ATH (Enter only one col ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		(o), (b), and (c).]	conary Th	y postesio	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if a gove rise to it cause (a), stating lying couse last.	the <u>under-</u> DUE TO		berek	ral arte	noschero.	rio :
PART II. OT	HER SIGNIFICANT CON	Melfi	RIBUTING TO DEATH BU	THOT RELATED TO THE TERMI	nal disease condition givi	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURE	RED. (Enter nature af injury in f	Port I or Port II of item 18.)	
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Doy, Yeo	While		PLACE OF INJURY (Home, form actary, street, office bldg., etc.		(County) (State)
21. I certify the alive on 11.	hat I attended the		, and that deal			that I last saw the deceased d an the date stated abave. State) DATE SIGNED
ACTUAL SIGNATURE	Jacres	6. 7	Leau	M.D. 49 Gre	en St.	11/2/59
PHYSICIAN'S NAME (Type)	Dr. James	E. Mel	Lean	Cumber	cland, Md.	

22c. NAME OF CEMETERY OR CREMATORY

Fort Ashby Cem.

Cumberland, Md

22d. LOCATION (City, tawn, or county)

24g. REC'D BY REGISTRAR

DATE NOV 6

Fort Ashby W.Va.

24b. REGISTRAR'S SIGNATURE

Cithur S. Krous

TO FUNERAL DIRECTOR page 3 should be de VS A15 (4) 15M 9/5B

the registrar prior

220. BURIAL, CREMATION, REMOVAL (Specify) Burial

James F. Scarpelli

22b. DATE THEREOF

funeral directar, ald be filed with

pluods

attending physicion and campletely filled in by

within 72 hours after death

Then please

After this certificate has been signed by use os the buriol-tronsit

requires that the deoth certificate be executed within 24 hours of

			12051
Allegeng	Last van	Ya.	agelia
	Box Feet for 3	11/24/1953	final reduction
.074	All Squistarum	County Inchesig	Allegan
ther 2, 159	evel lichail	anb3	Mary
	6167/61/61		Ferale shite
4 2 4 2 4 A	Mardenaville, Ve	Parcage	Mons ordife.
A Neconda			
11/2/59	11/2/S\$. 12 Second St. 13 Greensterd Md.		11/1/59
aY.	out Fore aship	TO HAVE THE	

12055 CERTIFICATE OF DEATH 12106 Reg. Dist. No. il director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where decegsed lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN HI butside gorparate limits, write RURAL and give nearest lown) -RURAL and give nearest town d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF First Middle 4. DATE Month Doy Yeor DECEASED OF DEATH (Type or print) 190 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days WIDOWED A DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY/11. BIRTHPLACE (Slove as foreign country) 12. CITIZEN OF WHAT COUNTRY? define most of working life, everylif retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? THE SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cardiac fibbillation IMMEDIATE CAUSE (o) DUE TO Coronary Heart Disease Canditians, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Pulmonar ibrosis YES NO K 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) Hour o. m. factory, street, office bldg., etc.) While Not while at work of work 21. I certify that I attended the deceased from November 3,19.59, taNo. 9, 19.59, that I last saw the deceased 59, and that death accurred at 3:00PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) 48 Broadway, Frostburg, ACTUAL Alvin J. Walters. M. D. 220. BURIAL, CREMATION. | 22b. DATE THEREOF 22c. NAME OF EEMETERY OR CREMATOR 22d, LOCATION (City, towar or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. RECID BY REGISTRAR VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	E OF DEATH	TARIFICATI	
	A STATE OF THE PARTY OF THE PAR		
Contract of the Contract of th			
	Dr. Carlotte Street		
			1000
THE PERSON NAMED IN COMMENTS OF THE PERSON NAMED IN			
			LINE OF THE PARTY
			LINE OF THE PARTY

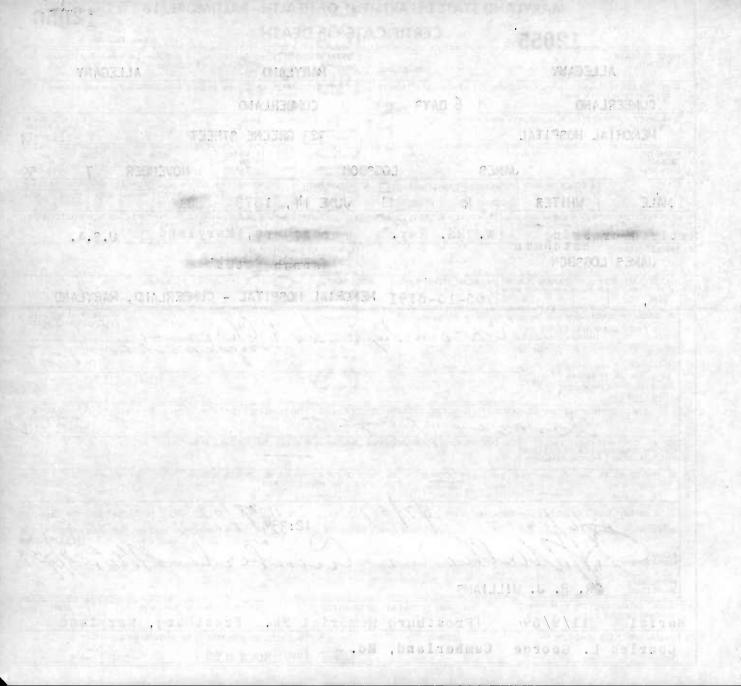
Rea Dist No.

	12000		9. 20	Reg. Dis	st. No.		
1	1. PLACE OF DEATH G. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where a. STATE MARYLAND	re deceased lived. If institution: Resident b. COUNTY ALLI	ce befare admission) EGANY		
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) CUMBERLAND	6 DAYS	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)				
)	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION MEMORIAL HOSPITAL	address)	d. STREET ADDRESS 323 GREET	NE STREET	e. IS RESIDENCE ON A FARM? YES NO		
	3. NAME OF DECEASED (Type or print) JAMES	Middle LOGS	Lost (4. DATE Month OF DEATH NOVEMBER	Day Year 7 19 59		
	5. SEX 6. COLOR OR RACE 7. MARK WHITES WIDOWN		8. DATE OF BIRTH JUNE 14, 18		1 YEAR IF UNDER 24 HRS. Days Haurs Min.		
	10a. USUAL OCCUPATION (Give kind af wark dane during mast af working life, even if retired) Retired crossing		Frostburg	. Manufand	J.S.A.		
1	JAMES LOGSDON		14. MOTHER'S MAIDEN NA				
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Nes, no, or unknown) (If yes, give wor or dates of service)		NFORMANT MEMORIAL HOSPIT	Address TAL - CUMBERLAND, N	MARYLAND		
	18. CAUSE OF DEATH [Enter only one cause pen line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 592 DUE TO Canditions, if any, which) (b)	he far (a), (b), and (c).	Christin 1	Ohrpring his	INTERVAL BETWEEN ONSET AND DEATH		
	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (c)		4th many				
	PART II. OTHER SIGNIFICANT CONDITIONS C	- at a-	2e		19. WAS AUTOPSY PERFORMED? YES NO		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	rt I ar Part II af item 18.)			
	20c. TIME OF INJURY Manth, Day, Year 20d. It Haur a. m. 19 While at warl	Nat while fac	ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	20f. (City ar tawn) (C	Caunty) (State)		
	21. I certify that I attended the deceas alive on 19 ACTUAL SIGNATURE PHYSICIAN'S	ham,		7, 19, that I la X, from the causes and on the DORESS (Street, city or town, state)	st saw the deceased date stated above.		
	220. BURIAL, CREMATION, REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY 2	2d. LOCATION (City, tawn, ar caunty)	(State)		
	Burial 11/9/59 23. FUNERAL DIRECTOR'S SIGNATURE Charles L. George C	ADDRESS umberland, M	id.	Frostburg, Ma: 8Y REGISTRAR 24b. REGISTRAR'S SIG			

TO HOSPITAL OR AT SING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs orner may be retained by haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, or remayal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/58



FOR STATE HEALTH DEPT. files. Health,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12057

	191156				Keg. Di	ST. ING.
1. PLACE OF DEATH	Allegany	MARYLAND	2. USUAL RESIDENCE (V			llegany
b. CITY OR TOWN (II a	autside corporate limits, write RURAL	c. LENGTH OF STAY IN 16			mits, write RURAL and	
Cumber:	land	64 yrs.		berland		
		hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE
904 1	Michigan Ave	9.	904	Michiga	n Ave.	YES NO
3. NAME OF DECEASED (Type or print)	John	Martin M	antheiy	4. DATE OF DEATH	Month Nov.	Doy Yeor 14 19 59
5. SEX Male		RRIED NEVER MARRIED 8.	Aug.25,18	lost bit	(In years rinday) Lyrs. IF UNDER Months	TYEAR IF UNDER 24 HRS. Days Hours Min.
during most of working Retired P.	N (Give kind of work done 1) Life. even if refired) IPE FILLER	b. KIND OF BUSINESS OR INDUSTI Railroad		or foreign country)		ZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
John	n Mantheiy			Mary Hoo	oft	
15. WAS DECEASED EVE [Yes, no, or unknown) YES	R IN U. S. ARMED FORCES? (If yes, give war ar dates of service) War I	16. SOCIAL SECURITY NO. 17. IN 705-05-773 7Mr	s. Mary F.	Brownin	Address ng,Baltim	ore, Md.
PART I, DEATH	H [Enter only one cause per H WAS CAUSED BY: IMMEDIATE CAUSE (a)		eclusion			interval between guset and death sudden
Conditions, if an gave rise to immedi (a), stating the uncause last.	iate cause	rteriosclerot	ic Hyperte	nsive Di	sease	years?
PART II. OTHE	ER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN PAR	11(0) 19. WAS AUTOPSY PERFORMED? YES NO
	SE WAS 206. DESC	CRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Par	rt I ar Part II af item	18.)	
20c. TIME OF INJURY Hour e. m. p. m.	V	Od. INJURY OCCURRED 20e. PLAC Vhile Not while I work at work	CE OF INJURY (Home, form ory, street, office bldg., etc	n, 20f. (City or town	r) (Cou	inty) (Stole)
		se remoins described above al causes . Accident .	, Suicide ,	Homicide .	ion [], Inquir Undelermined r	
	Ben edi ct Ski			-	Nov.	17, 1959
220. BURIAL, CREMATION REMOVAL (Specify) BURIAL	Nov.19,19		crematory 5 Cemetery	Cumber	rland, Mo	(State)
23. FUNERAL DIRECTOR'S		ADDRESS		D BY REGISTRAR	24b. REGISTRAR'S SIG	NATURE
James F.	scarpelli,	Cumberland, Mo	DATE N	OV 1 9 '59	Onthun S.	France

4 should be farwood to the TO FUNERAL DIRECTOR: Page TO DEPUTY MEDICAL VS. A15ME 5M 2/57

execute the certif

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nece ceute the certifical writing the word "pending" in pending them 18. Give Pages 1, 2, and 3 to the funeral dirturational be farward to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for UNDERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board its designated agent, prior to burial, cremation, or removal, and in any prest, within 72 hours after death.



of

			0.200	
		THE STATE OF		
	AT THE SHEET STREET	Barre		
		100 or #200 - 12	Salar	
		Division in		
			Vasaukju,	
, 1 (1 Smill)				
		Y STATE	10 mm m m m m m m m m m m m m m m m m m	

deoth the HOSPITAL 0 0

abod 0 VS A15 (4) 15M 9/5B

12058 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Bedford c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Year NOVEMBER 19 IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Mir 12. CITIZEN OF WHAT COUNTRY? U.S.A. WARWICK & MEMORITAL AVENUE MEMORIAL HOSPITAL - CUMBERLAND. MD. INTERVAL BETWEEN ONSET AND DEATH PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote) 2. That I last saw the deceased and that death occurred at 2:45AM, from the causes and on the date stated above ADDRESS 15treet, bity or town, state DATE SIGNED 22b. DATE THEREOF 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, ar caunty) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE NOV 1 arthur & Krous

* 12 m The same of

.

ASSESSMENT STREET, MANUAL COLUMN COLU HATIPOOH JASTONIAN STARORAN YOU THE STATE OF THE S Cabi Taga Canada SARA M. CHIERY TRANSPARENCE VICEOUR BUNGAN MATRICK A AGENTAL A VERME A SHORINE HOSTITUE - DERGERLAND, THO

WAR DATE OF THE PROPERTY.

Secretary of the state of the state of the way of the free fire strong was a second

	-	-	
	8	9	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and
	ci	7	õ
		0	-
	2	E	6
	36	2	8
	0	6	0
	4	20	=
	.≥		-
	O	S	-
	·	2	E
	-	8	ě
	E	20	-
	=	-	15:
	5	主	ō
		3	五
	Ö.	6	.0
	ě	ō	5
	-	0	-01
	-	O	S
	:	ff	Ö
	.5	0	g
	Pu	·v	US
	9	e	0
	:	- =	0
	P	0	용
	0	ŭ	2
	2	70	25
	1p	.Ö	(C)
	0	9	6
	Ë.	2	2
	T	ef	00
į			ō
١		7	5
	00	the s	NE NE
	=	D	0
	e	=	٠ بـ
	Ű	9	Z
	Pe	2	E
	40	N	5
	5	5	II.
	U	-	0
			-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12059 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY O. STATE Allegany MARYLAND Mary land Allegany b. CITY OR TOWN 11t outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland Cumberland 35 yrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Memorial Hospital 101 Pennsylvania Ave. YES NO IX 3. NAME OF Middle 4. DATE Year DECEASED Drucille Merrill (Type or print) DEATH Nov. 20Mary 19 59 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. lost birthday) Months 10.1878 White WIDOWED | Female DIVORCED | 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Own Home New Germany, Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel D. Hummel Mary Tate 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mr. Harry Merrill, Baltimore, Md. no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 3 Wks Cardiac Failure. Chronic Myocarditis IMMEDIATE CAUSE (a) **DUE TO** Arteriosclerotic CV disease Conditions, if ony, which gove rise to immediate couse DUE TO (o), stoling the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED2. Terminal Bronchopneumonia: Uremia: Fractured hip. NO. 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING K. CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) Fell at home 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, affice bldg., etc.) While 29 1959 of work of work Cumberland, Mileg. Md. Home 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes XX Accident , Suicide , Homicide , Undetermined cause .

11-23-59

CHIEF MEDICAL EXAMINER

Park

(State)

DATE SIGNED

Dr. Benedict Skitarelic.MD NAME (Type)

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county) Cumberland, Md.

23. FUNERAL DIRECTOR'S SIGNATURE

22g. BURIAL, CREMATION, 22b. DATE THEREOF

ACTUAL

SIGNATURE

Bur la I

James F. Scarpelli, Cumberland, Md.

Sunset Memorial

ADDRESS

24g. REC'D BY REGISTRAR DATE ON 2 5 159

24b. REGISTRAR'S SIGNATURE Onthur & Thous

Nov. 21, 1959

VS. A15ME(5) 5M 9/55

1

Cumberland, Maryland

24g. REC'D BY REGISTRAR

DAPLEC 4

24b. REGISTRAR'S SIGNATURE

ariling & Hazes

filed D should 2 completely popers. and g carban physician remave 72 attending please buriol-transit has been removal, o FUNERAL DIRECTO P he 9 VS A15 (4) 1SM 9/SB

that the death certificate

with

NAME OF

MALE

11/30/59

John J. Hafer, Cumberland, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

Sunset Mem. Park

ADDRESS

S. SEX

			18058	
ALCO TA	WAJYAMI.		YHADELLEA	
	GALIF36902	2(4)(53)	CHAJE	intero
100	TO MYAN BOS	.03/		State .
TS ESERCION	0.5151	T.R	309030	
12	7.01 , 7 3000	γ.	Sal Study	3144
	Elegone La		lagn	atqrinaU
vitadeli wyprze	ENDIVERSE		PRIVATE MA	U414
CHESTILLIA, MITCHE	Janiasta Janiasa	0000-00-00	s ii wa	yes
	Come .	74 EPH TH		
	Establish S	FASALUSE T		
		2 12 1414 7		
	- Tell 1			
APASSALL STATES				
dist. Comberland, Jury			100	
Cambarland, Nd.	in bowlined .	• •	201.20 .41 .58	
houlyans , bealer	. Paris cambr	sommet Her	11/30/39	larens

.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12064

FOR STATE			MI	EDICA	L EXAMINER'	S CERTIFICA	TE OF	DEATH	S 23	TOUR
HEALTH DEPT.			12060	0		The section personnel			Reg. Dist. No	
00 -	1.	PLACE OF DEATH	Arlegany	County		2. USUAL RESIDENCE (Where deceos	ed lived. It institu		fore odmission)
Page Pleas		Guir	nberlend/Nd	1/	MARYLAND	Mary	land	B. CO0141	Allega	ny
age (a)	6	. CITY OR TOWN (It outside corporate limits, wri	te RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	porote limits, write		
1		Cumber				102 A Cum	berland	i Sm	12.	
ir d	0			(If not in hos	pital, give street address)	d. STREET ADDRESS	Dellam	1		e. IS RESIDENCE
000 896		M	1. La	of 7		(00 77				YES NO
ath.	3	Memor:		ni ni	Middle	609 El	4. DATE	14 4		
ful ful Sto		DECEASED		151	Middle	LOSI	OF DEATH	Monti		Yeor
the state	-	Type or print)		gar	Miller		DEATH	Nov.	25	1959
0 0 4 4 0	5. 5	EX	6. COLOR OR RACE	- MARRIE	D NEVER MARRIED	I. DATE OF BIRTH	1 - 2	9. AGE (In years last brithday)	Months Days	Hours Min.
E 8 35		Male	White	WIDOWER	DIVORCED [June 27,18	71	88 yrs.	Months Days	Hours Min.
d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2	10a	USUAL OCCUPATI	ON Give kind of work	done 10b. K	IND OF BUSINESS OR INDUS			ountry)	12. CITIZEN O	F WHAT COUNTR
7 2 2 2 4		etired Dry	ng life, even if retired)		aning & Dying	Johnsvil	le Ma)1	(4
	-	FATHER'S NAME	Oleaner	1016	animg of Dyring	14. MOTHER'S MAIDEN		•	11.	21/1
A Separation			****							
DO E OF	100	William		nama I		Adelaid	e Mc(Clellan		
Zigorie 4		no. or unknown?	/ER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	NFORMANT	0	Address	1	1 1.1
i		76			yone,	Dro. 18th	4 1	Lorn	(um	6.170
1 0 1 E		18. CAUSE OF DEA	ATH [Enter only one co	use per line	for (o), (b), ond (c).]				INTE	RVAL BETWEEN ET AND DEATH
De o o		PART I. DEA	TH WAS CAUSED BY:		Chronic Myoca	rditis			0.43	
ge e e g		11221	DUE TO		OHI OHIZO MY COO	14242				
exe offic nov		Conditions, if	4143		Aud - ud 7 - u -	tin Comiion		Diagona		
Te al		gove rise to imme	diole couse	-	Arteriosclero	tie Caratova	scular	Disease		
bu bu		(o), stoting the	underlying DUE TO							
and		Couse lost.	, (c							
d die	Q	PART II, OT	HER SIGNIFICANT CON	ADITIONS CO	INTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	MINALDISEAS	E CONDITION GIV	EN IN PART 1(0)	P. WAS AUTOPSY PERFORMED?
Hico ose ose ose ose ose ose ose ose ose os	13	Made a	Fracti	re of	Left hip					YES NO IX
o di	CERTIFI	20g. EXTERNAL CA	USE WAS Y 2	Ob. DESCRIBE	HOW INJURY OCCURRED. (inter noture of injury in Po	rt I or Port II	of item 18.)		
S C MA	CER	CAUSE OF DEATH	WIKIBUTING 4E	H'o'	ll at home					
T Second	3	20c. TIME OF INJU	IRY Month, Doy, Ye			CE OF INJURY (Home, for	m, 120f. (City	or fown)	(County)	(Stote)
5 4 5 5 p	MEDICAL	Hour o.m.		White	Not while fact	ory, street, office bldg., el	c.)			
in de la	2		ALOT A			ome		mberland		Md.
Pod		21. I certify t	hot I took charge	e of the r	emoins described obc	ve, held on Autop	sy 🔲, 1	spection 🔀	Inquiry X	, and in m
en : R		opinion deoth	resulted from:	Natural a	auses 🔼 Accident	, Suicide ,	Homicide	. Undete	rmined monn	er 🗌
A DE		,	2	0.	1					1.00
O THE PROPERTY OF THE PROPERTY		ACTUAL	Donadont	XL	Tenelial	M D CHIEF MEDICAL	XAMINER [DATE SIGNED
S S S S S S S S S S S S S S S S S S S		SIGNATURE	union	THE	nauncj	ASSISTANT MEDIC	Car Gun	• 🗆		
The State of		EXAMINER'S	70		7.1	DEPUTY MEDICAL		_		1050
5 en de de	-	NAME (Type)	Benedict Sl	citare				MOACIT	ber 25,	
A ST	220	REMOVAL (Spenily	ON. 226. DATE THERE	59	22c. NAME OF CEMETERY OR	CREMATORY	72d. LOCA	TION (City, town	or countyly	(Slote)
5 4 5 g	1	Shrint	11/28/	3/	Thereness	Cm.	1 (11	mouril		11/0
W	23.	FUNERAL DIRECTO	R'S SIGNATURE	7	ADDRESS	240. REC	D BY REGIST	RAR 24b. REGI	STRAR'S SIGNATU	RE

DATE DEC 1

'59

Chiller S. Kraus

All the thinks The same of the sa Figure Cadrone to total and the second control of the second control

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12062

101	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	
7911	0.7					Re

	12107	DICA	EXAMINER'	S CERTIFICA	TE OF	DEATH	Reg.	Dist. No).	
1. PLACE OF DEATH 6. COUNTY	Allegany		MARYLAND	2. USUAL RESIDENCE (sed lived. If institu b. COUNT		dence be		oission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) Nikep				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Nikep						
d. NAME OF HOSPI	ITAL OR INSTITUTION (II	not in hospi	tol, give street oddress)	d. STREET ADDRESS		JYD =				RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)	MARY		Middle A.	MOFFATT	4. DATE OF DEATH	11/30,	/195	9 Day		Yeor
5. SEX Female	6. COLOR OR RACE White	7. MARRIED		8. DATE OF BIRTH 7/3/1892		9. AGE (In years lost hythday) 67 yrs.	Months	R TYEAR Doys	Hours	Min.
Housew	ing life, even if retired)		ND OF BUSINESS OR INDUS	Barton,	200	ountry)		U.S.		COUNTRY
Q00	rles Howel			Mary A		agen				
No. WAS DECEASED E	VER IN U. S. ARMED FOR (If yes, give wor or dates of s			Mr. Richard	l Moff	att SR		kep,	MI).
PART I. DE	ATH [Enter only one cous ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	me per line for	(c), (b), and (c).]	Insufq	1 . 4	iney		INTE	24 de	ALS
Conditions, if gove rise to imm (a), stating the cause last.	ediate cause DUE TO (c).	DITIONS COM	ITRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	VEN IN PA	NRT 1(o) 1		AUTOPSY DRMED?
PART II, O' 200. EXTERNAL CAUSE OF DEATH	ONTRIBUTING [DESCRIBE	HOW INJURY OCCURRED.	Enter nature at injury in Po	rt I är Port II	ol item 18.)			YES 🗌	но 🔽
20c. TIME OF INJ		While		ACE OF INJURY (Home, forestary, street, office bldg., etc.		or tawn)	(C	conty)		(State)
	that I took charge in resulted from: N		mains described abouses Accident		Homicide XAMINER CAL EXAMINE	R ()	Inquermined	manne	er 🔲	signed

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after deoth. If any delay is nece execute the certificate ward "pending" in pending in Item, 18. Give Pages 1, 2, and 3 to the funeral dirth 4 shauld be farm, and to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Baarr or its designated agent, prior to barial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57



22c. NAME OF CEMETERY OR CREMATORY Laurel

22d. LOCATION (City, lown, or county)

(Stote)

226. BURIAL, CREMATION. 22b. DATE THEREOF BURIAL (Specify) 12/2 10 12/2.1959 DIRECTOR'S SIGNATURE

ADDRESS

Cemetery Moscow, Maryland
246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

DATE

arthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH A ALTIMORE,

TOR STATE

VS A15 (4)

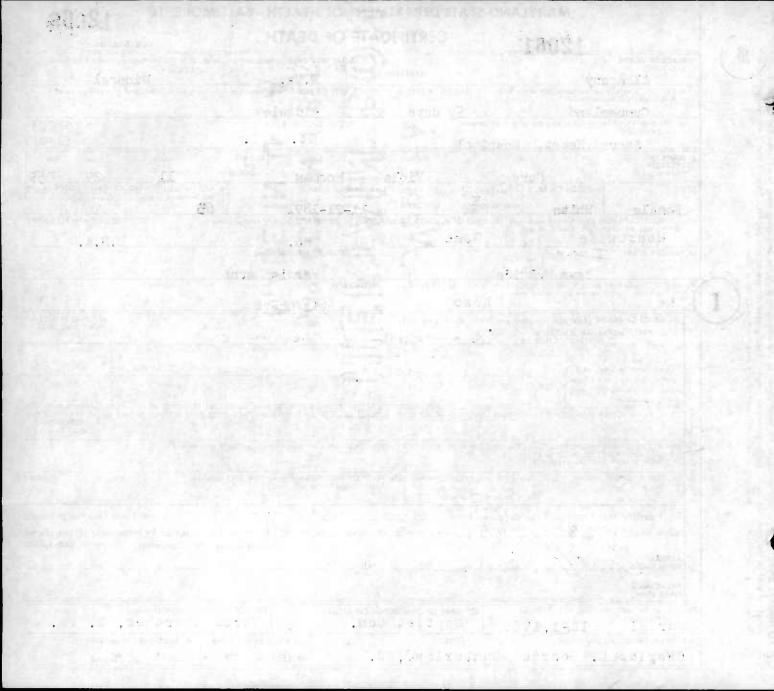
15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

120	63
-----	----

		12061	CERTIFIC	AIE OF L	EAIL			Reg. D	ist. No.		
1. [PLACE OF DEATH O. COUNTY Allega	ny	MARYLAND	a. STATE	Va.	ere deceased	lived. If institution b. COUNTY	n: Reside		e admiss	ion)
1	b. CITY OR TOWN (IF	autside carporate limits, wri	te c. LENGTH OF STAY IN 16			utside carpora	ate limits, write RI			rest tawr	1)
	RURAL and give nea		59 days	R	idgel	ev	8	5 x	-3		
	d. NAME OF HOSPITA OR INSTITUTION	L (If not in haspital, give str	1 4410	d. STREET A							FARM?
3.	NAME OF DECEASED	First	Middle	Las	1	4. DATE	Man	th	Da	,	Year
	DECEASED (Type ar print)	Marv	Viola	Moom	91.7	OF DEATH	77		2		19 59
5. 5	SEX		ARRIED NEVER MARRIED			9	AGE (In years		R 1 YEAR		
	Female	CAN THE STREET PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PAR	OWED DIVORCED	11-21-1	ROT	S 10 1	last birthday) 65 yrs.	Manths	Days	Haurs	Min.
0a	. USUAL OCCUPATION	(Give kind of work dane	10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPL	ACE (State	ar foreign cau		12. CI1	IZEN OF	WHATC	OUNTR
	Housew i	ng life, even if retired)	Home		Mo.				U.S.	٨	
3.	FATHER'S NAME	I sade		14. MOTHER'S		NAME			Uable		
	1 3 1 1 1 2	TSAR McBrid		77	ondi o	Barns					
	WAS DECEASED EVER	IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	INFORMANT	ELGTE	Darie	Addr	ess			
)"	NO	yes, give war or dates of service)	None	D+ 1	s Cha	nt					
		H [Enter poly one cause pe	er line far (a), (b), and (c).]	/	2 mig	1.11			INTE	RVAL BE	TWEEN
		H WAS CAUSED BY:	1 000	V o	1 4				ONS	ET AND	DEATH
ATION	Canditians, if any gave rise to im cause (a), stating the lying cause last. PART II. OTHE	mediate DUE TO	MELV - SLA - NS CONTRIBUTING TO DEATH B	UT NOT RELATED TO) THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PA	RT 1(a) 1	9. WAS PERFO YES T	RMED?
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY N	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature a	f injury in	Part I ar Part	II af item 1B.)			,,,,,	110
MEDICAL	20c. TIME OF INJURY Hour a.m. p.m.	W		PLACE OF INJURY (factory, street, affice			ar tawn)		(Caunty)		(Stat
	21. I certify the alive on	A 1	eased fram. 10 - 5 9 5 9 , and that dea	, 19.5.9 th accurred at	6.50A	M, fram t	1959, he causes an eet, city ar tawn,	d an th	ast sav	the d	lecease d abay re sign
	NAME (Type)										
220	BURIAL, CREMATION REMOVAL (Specify) Burial	12-1.1959	22c. NAME OF CEMETERY Baptist				on (City, town, ce Churc			(Stat	
23.	FUNERAL DIRECTOR'S		ADDRESS		24a. REC*	D BY REGISTR	AR 24b. REGI	STRAR'S S	IGNATU	RE	
	Charles I	L. George	Cumberland, M	d.	DATEDE(2 '59	ant	Lun S.	Kraus		



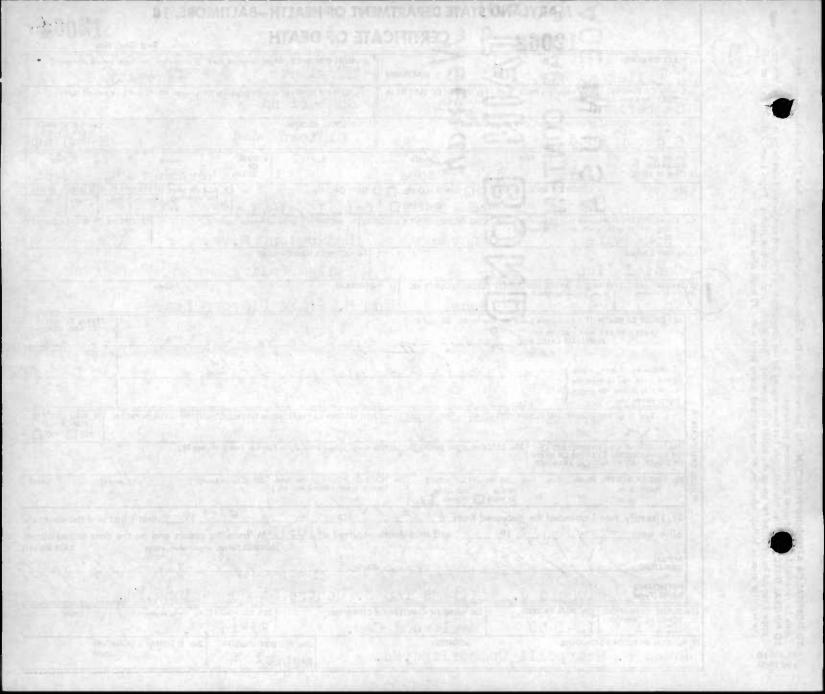
VS A15 (4) 15M 10/57 0

N

12062 CERTIFICATE OF DEATH

12064

	keg. Dist. 140.
1. PLACE OF DEATH o. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTIESANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neores) town) Cumber Land 2yrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION Oldtown Road	d. street address Oldtown Road e. is residence on a farm? YES \(\) NO (
3. NAME OF DECEASED (Type or print) Emma J. Moore	4. DATE Month Day Yeor OF DEATH November 28, 1959
F WIDOWED DIVORCED	B. DATE OF BIRTH OCT. I5. I871 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS left UNDER 24 HRS left UNDER 24 HRS left UNDER 25 Min. Months layer Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Ownhome	Belington W.Va. USA
Daniel Ice	Emily Poling
15. WAS DECEASEDEVER IN 4J. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address la B. Brake Oldtown Road
Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PO
OK CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Nat white at work 1 work 1,	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State ctary, street, office bldg., etc.)
21. I certify that I attended the deceased fram 1/2/5 alive an actual SIGNATURE PHYSICIAN'S	accurred at IO: I5M, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGN M.D. M.D.
NAME (Type) Richard J. Williams 122	S. Centre St Cumberland, Md.
22c. NAME OF CEMETERY OF REMOVAL Specify 12-I-59 Maplewood (
23. FUNERAL DIRECTOR'S SIGNATURE James F. Scarpelli Cumberland, Md.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE



CERTIFICATE OF DEATH

Reg. Dist. No.

o. COUNTY	Legany		MARY	11	o. STATE Maryl	13.	d lived. If instituti b. COUNTY			ission)
Cumberlar	nd		c. LENGTH OF STAY		c. CITY OR TOWN (III		prote limits, write F	RURAL ond giv	ve nearest to	wn)
	Heart Hospi		address)		d. STREET ADDRESS	ent.re	St.		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Firs		Middle E		Last Mudd	4. DATE OF DEATH	Moi	nth /	Doy 13/	Year 19 59
5. SEX	6. COLOR OR RACE		ED NEVER MARRI		DATE OF BIRTH		9. AGE (In years last birthdoy) 75 yrs.		YEAR IF UN	DER 24 HR
10a. USUAL OCCUPAT	ION (Give lind of work d rking life, even if retired)		,	R INDUSTR		d Cum			U.S.A.	COUNTR
Will:	iam Hodel				Barbar	a McMa	nn			
1S. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FORC (If yes, give wor or dates of se	ovice)	social security no $78-26-472$		ORMANT Chart		Add	dress		
4 . 6 6 4	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Are	riosclerot	ic ca	rdio-vascu	lar dis	ease		3 yea	
Conditions, if gove rise to cause (o), stoting lying cause lost	ony, which (b), immediate the under-	Nut	riosclerot	ic ca		lar di:	eesse			ars
Conditions, if gove rise to cause (o), stoting lying cause lost	ony, which immediate the under DUE TO	Nut	ritional a	ic ca	•			VEN IN PART	1 year	S AUTOPS
Conditions, if gove rise to cause (o), stoting lying cause lost PART II. OT PART II. OT OR CONTRIBUTING (IF EITHER, NOTIF	IMMEDIATE CAUSE (e) DUE TO ony, which immediate githe under- THER SIGNIFICANT CONE	Nut DITIONS CO	ritional &	anemia	•	MINAL DISEAS	SE CONDITION GI	VEN IN PART	1 year	•
Conditions, if gove rise to cause (a), stoting lying cause lost PART II. OT 20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF	IMMEDIATE CAUSE (e) DUE TO ony, which immediate g the under (c) THER SIGNIFICANT CONE (AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) IRY Month, Doy, Yeo	Nut	CRIBE HOW INJURY O	ATH BUT NO	DT RELATED TO THE TER	MINAL DISEAS n Part I or Poi	E CONDITION GI		1 year	S AUTOPS
Conditions, if gove rise to cause (o), stoting lying cause lost PART II. OT PART II. OT OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJUMENT A. m., 21. I certify the alive an 11.	IMMEDIATE CAUSE (e) DUE TO Only, which immediate g the under (c) THER SIGNIFICANT CONE (AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER) IRY Month, Doy, Yea 19 That I attended the 12	Nut DITIONS CO 20b. DESC 1 20d. IN While of work decease 1 159	ONTRIBUTING TO DE, RIBE HOW INJURY O JURY OCCURRED Not while of work ed fram. 3 • , and that	RATH BUT NO	Enter nature of injury in EOF INJURY (Home, factor, street, office bldg., edge, control of the course of the cours	minal Diseas n Part I or Pour rm, 20f. (Citetc.) 11-13 M, fram Address (s	t II of item 18.) y or town) the causes are direct, city or tawn,	,that I las	1 year 1(o) 19. WAPER YES (S AUTOPS FORMED? NO (Sta
Conditions, if gove rise to cause (a), stoling lying cause lost PART II. OT PART II. OT OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJUMENT A. m., 21. I certify the alive an 11.	IMMEDIATE CAUSE (e) DUE TO Only, which immediate g the under (c) THER SIGNIFICANT CONE (AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER) IRY Month, Doy, Yea 19 That I attended the 12 Relph W Bal ON, 22b, DATE THEREO	Nut DITIONS CO 20b. DESC 1 20d. IN While of work decease , 1992 Bace Lin,	ONTRIBUTING TO DE. RIBE HOW INJURY O JURY OCCURRED Not while of work ded fram. 3 =	anemis ATH BUT NO CCURRED. 20e. PLACE factor death a	EDT RELATED TO THETER Enter nature of injury in the second secon	m, 20f. (Cit.) 20f. (Cit.) 20f. (Cit.) 21–13 And from Address (Sene St.) 22d. LOCA	the causes ar	,that I las and an the state)	J year L year 1(o) 19. WA PER YES (ounty) t saw the date stat D 1=13=	S AUTOPS FORMED? NO G (State decease ed abay ATE SIGN

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician ond campletely filled in by the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, or removal, and in any event within 72 hours after eath. eath. Page 4 NDING PHYSICIAN: The law requires that the deoth certificote be executed within 24 hours aft TO HOSPITAL OR A VS A1S (4) 1SM 9/SB

060

		AMBIERO	10
roen. Le	bu siyani		Taxan City
	Landrage Company	20 duys	but soden)
	lyster feller six	Lari	
A L	The second		
	E a sArriva		of the China St
v	since place ingles of the	harao kanasara (E	61176160
	an nex embyg"		Intell material
rear :	encould a ligaritection		
e.* e		Amenija (od Africe))	
	At an en la		
	40 (d)		S J.C
N-U-CE	62 Oreans Jan.		
	But series ye		
	Fig Continue of the continu	1000 100 10	-61-45
		and the Landers	II dia

	X
ion,	1
rematian,	and the same of th
, c.	(計)

0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1206 DICAL EXAMINER'S CERTIFICATE OF DEATH

12066

Reg. Dist. No.

1. PLACE OF DEATH					2. USUAL RESI	DENCE (WI	nere deceased			ence befor	e admissio	n)
	LEGANY		MARYL	AND	o. STATE	MARY	LAND	b. COUN	ALI	EGA	NY	
b. CITY OR TOWN (If or and give nearest town)	tside corporate limits, write	RURAL	c. LENGTH OF STAY IN	ч 1ь	c. CITY OR	TOWN (If o	utside corpo	rote limits, wri	te RURAL one	give nea	rest town)	-
	RTAND		10 Days		02 Cum	herl	and					
		If not in hos	spitat, give street address)		d. STREET A						. IS RESID	
	ial Hosp	ital			727	Bedi	ford	Street	7		YES 1	
3. NAME OF DECEASED	Fin		Middle		Last	4	DATE OF	Mo		Doy	Year	
(Type or print)	EAR		R.		MURRAY		DEATH	NOVE	BER :	14	19	59
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8.	DATE OF BIRTH		9	. AGE (In years lost birthday)	IF UNDER		UNDER 2	
Male	White	WIDOWE		127	pril 24			72 yr	Months	Days H	lours M	in.
10a. USUAL OCCUPATION during most of working	(Give kind of work	done 10b. I	CIND OF BUSINESS OR IN	NDUSTR	Y 11. BIRTHPLA	CE (State o	r fareign çou	intry)	12. CIT	ZEN OF	WHAT CO	UNTRY?
	d Mach.	В					land.		ck [J.Sa	A .	
13. FATHER'S NAME					14. MOTHER'S	WAIDEN NA	ME					
Ed	gar Mur	ray			E	lla i	posoc	Brad	ly			
15. WAS DECEASED EVER	IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT			Addre	55			
no				M	emoria	1 Hos	spita	1 Cun	berla	and.	Md.	
18. CAUSE OF DEATH	[Enter only one cau	se per line	for (o), (b), and (c).]							INTERVA	L BETWEEN	
PART I. DEATH	WAS CAUSED BY:		Intracran	Te!	Hemor	rhace	a and	Edems		1	-	vs
900.0	DUE TO		THE SUL ALL		полог	TIME,	o diam	Пасти	3		0 100	30
Conditions, if ony			Skull Fra	e taa	re					1	O Da	TS
gove rise to immedia	te couse		D418-1-1-01	000	1.0	-U.J. (E)					2 200	30
(o), stoting the un	derlying (c)											
Z PART II. OTHE		DITIONS CO	ONTRIBUTING TO DEATH	BUT N	OT RELATED TO	THE TERMIN	ALDISEASE (CONDITION G	IVEN IN PAR	T 1(a) 19.	WAS AUT	OPSY
Chnc	nic Myo	e nodi	tie Ten	พรี พ	al Pne	umoni					PERFORM	O XI
20a. EXTERNAL CAUS	WAS 20		E HOW INJURY OCCURR	-				item 18.)				- 100
PART II. OTHER Chr Chr Chr Chr Chr Chr Con Chr Con Chr Con Chr Con Chr Con Chr	RIBUTING [_			s At H							
20c. TIME OF INJURY Hour o. m.	Month, Day, Yea		INJURY OCCURRED 200	PLAC	E OF INJURY (H	ome, form,	20f. (City o	r town)	(Co	inty)	(5	Stote)
Hour o. m.	OV 4 195	While	e Not while	-	ome	biog., dic.j	Cum	berlar	ad A	lleg	. M	d.
		af the	remains described			Autopsy		pection)		-		
			, Accident ,									
/)	. (70.1	1	,							
ACTUAL (9)	enodin	1	la tone	()	CHIEF MI	EDICAL EXA	MINER [ATE SIGN	IEO
SIGNATURE	2 rapec		The area		"M.D.		EXAMINER	П				
EXAMINER'S NAME (Type)	anedict	Skit	erelic M	D.			CAMINER 🔯		. 14.	195	9	
220. BURIAL, CREMATION			22c. NAME OF CEMETER		REMATORY	1	22d. LOCATIO	ON (City, town			(Stote)	
REMOVAL (Specify) Rurial	Nov. 16.	1959	Hillcrest	Bu	rial Pa	rk (Cumber	land,	Maryl	and		
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				***	- 100	SISTRAR'S SIC	MATURE		
John J. Hai	fer, Cumb	erlan	d, Marylan	d		DATE	1 1 8 '59		letima 2.	/ CLAUCE		

VS. A15ME(5) 5M 9/55

NO AS E	CATE OF DEATH	HITSIA 2			
			MATERIAL STATES		
			OR ALTOTRACE A		
		A PART A SE	1700 01		
	Ea 1072 (1503) 4-			Legiteen Led	
				ALC: PARTY	
	Mertand, Danduck	1000	9 9 2	J. John D.	
	ybard govern			Marie In	
. Est. Education	Maria Tackgrow I				100
	THE THE				
	. 701.	Action at	a .	thin do light	
Linky	outer tune, in	winter of	Transfigure	eat be week	
				of reduce to	

ath. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 19000

CERTIFICATE OF DEATH

12067

		14000	CERTIFIC	ATE OF DEAT	П		Reg. Dist. N	No.
	PLACE OF DEATH a. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (Va. STATE Mary	Where deceosed	lived. If institution b. COUNTY	n: Residence be	
	Cumber	land	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	outside corpord		JRAL and give	nearest town)
	OR INSTITUTION	AL (If not in hospitol, give street llegany Coun		d. STREET ADDRESS	Fayett	e Stre	et	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Michael	Middle Paul	Murray	4. DATE OF DEATH	Novembe		Day Year 5, 19 59
1	Male	6. COLOR OR RACE 7. MARR	DIVORCED [B. DATE OF BIRTH 10/5/1873		86 yrs.	Manths Doy	AR IF UNDER 24 HRS. S Hours Min.
	during most of work	ON (Give kind of work done 10b. cing life, even if retired) -Kelly Sprin		Co. Maryla	nd	untry)		S. A.
13.	_	lobert Murray		14. MOTHER'S MAIDEN Bridget		AVA		
15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		INFORMANT P.O.E	ox 599	Addr		erland,M
			le for (0), (b), ond (c).]	nie mys bral ar	fere	ites oscler		NTERVAL BETWEEN NSET AND DEATH
~	cause (o), stating lying couse last.	the under DUE TO	Chro	nic hy	shiet	to		?
CERTIFICATION		Seculi	ty e me	T NOT BELATED TO THE TERM	press	zion,	EN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	ED. (Enter noture of injur¶ in	n Part I or Port I	II of item 1B.)		
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Doy, Year 20d. It While of worl	Nat while fo	LACE OF INJURY (Home, for octory, street, affice bldg., e	tc.)		(Coun	ALE:
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	James E.	nd that death	m.d. <u>49 Gx</u>	PM, fram th	he causes and bet, city or town,	d an the do	aw the deceased ate stated above DATE SIGNED
	BURIAL, CREMATIO REMOVAL (Specify) BURIAL	11-8-59	St. Peter			on (City, town, o	r county)	(State)
23.	James . F		Cumberland,	Md . 24a. RE	DV 1 2 59		TRAR'S SIGNAT	

VS A1S (4) 1SM 9/SB

	ATTAGE TO BE	a Maitre	12065	
legany	IA Something		, and all	
	dunberland	65/10/0	i busined	
	deserts offered (C)	The Land		
	4.94 (0.00) (0.00)	frair.	Cendolik	
	38 27.00		esta.	esali
.A . 0 . 0	basic rate of	ould blem	d -Kelly Eppings	MICH E
nnbernierd, kecereau	ovorigenie dogoliee O noë koeloo inde Trensiaa somoo gregol		Robert Kurnay	
		26 345		
		- 10/21/59	98/3/11	
	. da emerga sal	West of the		
	bit but freehold		Or. James L. Ho	
			14-e-1	4500
) lile and a	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12066

CERTIFICATE OF DEATH

12068

Reg. Dist. No.

1	a. COUNTY	Allegan	7	MARYLAI	O STA			d lived. If institut b. COUNTY		e before o	
	RURAL and give n	and the	ts, write	e. LENGTH OF STAY IN 8/29/59	1b c. CIT		outside corpo	rate limits, write l	RURAL and g	ive nearest	tawn)
	d. NAME OF HOSPI OR INSTITUTION	erland TAL (If not in hospitol, g TY TY TY TY TY TY TY TY TY T		ddress)	d. STR	EET ADDRESS		lley Ro	ad		RESIDENCE ON A FARM?
3.	NAME OF DECEASED (Type or print)	Robe		Middle Gideon	Naze	lost lrod	4. DATE OF DEATH	Novemb		Day 5,	Year 19 59
5	Male	6. COLOR OR RACE	7. MARRI WIDOWEI	DIVORCED	1 1-	BIRTH 9/1891		9. AGE (In years lost birthdoy) yrs.	Months	_	UNDER 24 HRS. ours Min.
1	during mast af wor	ON (Give kind of work king life, even if retired Carpente:)	arpenterin	g W	RTHPLACE (State est Vi HER'S MAIDEN	rginia			S •	A •
		ohn Nazel:				therin					
15		ER IN U. S. ARMED FOR (If yes, give wor or dates of s				P.O.B		9 Add nfirmar			and, Mo
	PART I. DEA	mmediate ()	Gull. Para	uona el dr	ternes o	agit	erosi	0'	4	AND DEATH
CATION	PART II. OTI	Hill	201	Proble	a a	rthr	te	2	VEN IN PART	P	VAS AUTOPSY ERFORMED? S NO
CEDTICI	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCU	JRRED. (Enter na	ture of injury in	n Part I ar Por	t II of item 18.)			
MEDICAL	20c. TIME OF INJUI Haur a. m. p. m.	RY Manth, Day, Ye	ar 20d. IN While		e. PLACE OF INJ		rm, 20f. (City	or town)	(C	Caunty)	(Stote)
	21. I certify the alive an 11 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	15/59 auceo C	19	d from 8/29/ and that de cheau	eath accurre		PM, from Address (Siene S	treet, city or tawn	nd an the		
2	2a. BURIAL, CREMATIC REMOVAL (Specify Burial			22c. NAME OF CEMETER				TION (City, town,	,,	and	(Stote)
23	John J.			ADDRESS and, Maryla			NOV 1 2	RAR 24b. REG	ISTRAR'S SIC	SNATURE	

			12066	
Manage SIA	basi, all		Amezella .	
	Alighed mit	03/05/8	brm Frag	
or She	Rt. 1, Valley Ro	Yuani l	n vimet Kas	golia
	indivole lonler	1.00510		
	61 61	.	951111	afaM
	elalyely dag.	anicedmocret	i darpantab i	eridon.
	destroine Oleaver P.o.keor 599 Seary County Indianar		Jour Easelrod	
		1. 1.		
	11/5/59 6:401	92/29/9 HILL	1/5/59	
65/9/11	119 Orecons St.		Dr. Junes B.	
busivinik	. Cometoryforing Con.	ett. Taboje Sern Slavd, Saryland		

DING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

ith. Poge 4

U		
	-0	
	V.	
-	1	
-	1.11	
	22	
	145	

VS A1S (4) 1SM 9/5B

	2,400		CERTIFIC	AIE OF DEAL	п		Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY ALL	EGANY		MARYLAND	2. USUAL RESIDENCE (WO. STATE MARYL		d lived. If instituti b. COUNTY		nce befo		ion)
b. CITY OR TOWN (II RURAL ond give ne CUMBERLA	f outside corporate lime arest town) ND	its, write	6 DAYS		autside corpo		URAL ond	give ne	arest town	+)
	AL (If not in hospital,	give street	address)	d. STREET ADDRESS			Ť			FARM?
3. NAME OF DECEASED (Type or print)	- L	aven I		Last I XON	4. DATE OF DEATH	Man NOVE	MBER	7	,	Year 19 59
s. sex FEMALE	6. COLOR OR RACE WHITE	7. MARE	RIED NEVER MARRIED DIVORCED DIVORCED	SEPT. 24, 1	863	9. AGE (In years lost birthday) 96 yrs.	Months	R 1 YEAR Days	Hours	Min.
Oo. USUAL OCCUPATION during most of work	ON (Give kind of work ting life, even if retired IFE	done 10b.	KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (Stor		ountry)	12.CI	U.S	·A.	OUNTRY
13. FATHER'S NAME CHR I STO	PHER BARTH			14. MOTHER'S MAIDEN		R	19.	45		
1S. WAS DECEASED EVEI (Yes, no, or unknown)	R IN U. S. ARMED FOI (If yes, give wor or dates of	RCES? 16.		INFORMANT MEMORIAL HOSP	ITAL -	CUMBERLA		MARY	LAND	r-di
	TH WAS CAUSED BY: IMMEDIATE CAUSE (DUE TO	0)	ne for (o), (b), and (c).] Myocard	ial Failer	kon			127	ERVAL BE	TWEEN DEATH
gove rise to it cause (o), stoting lying couse lost. Z PART II. OTH	the <u>under-</u>	c)(BACKET CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	J J	E CONDITION GIV	/EN IN PA	RT 1(a)	19. WAS	AUTOPS
PART II. OTH OLD OR CONTRIBUTING (IF EITHER, NOTIFY)	CORED TO S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I or Por	t II of item 1B.)			YES	NO [
ZOc. TIME OF INJUR Hour o. m. p. m.		While		PLACE OF INJURY (Hame, far factory, street, office bldg., e		y or town)		(Caunty)		(Stote
21. I certify th	at I attended the									
actual signature	Olver	, 12_ Sc	59, and that dea	th accurred at 1:150		treet, city ar town,		e date		above signe
PHYSICIAN'S NAME (Type)	DR. WEISM			ann	Be, Ca	red,	lean	0		
Burial, CREMATIO	NOV.9,1		Mt. Oliv	or crematory e Cemetery		TION (City, town,	or caunty)		(Stot	e)
23. FUNERAL DIRECTOR Byron Ki		Cı	amberland, l		C'D BY REGIST	AND THE RESERVE TO A STATE OF THE PARTY OF T	STRAR'S S			

			12062
Yes	OIL MARY		YHADGUJA
	SLOTONI, NO.	5,190.9	014,13,284,07
			JAT ISS IN LINES IN
	POST HAVE NO		MINISTRA
	1997. 244LD . 1982		TEMPLE STANTE
	GRALPHAT		Samsaust
	Navige Mr. No LRW		STRAIT GEROTE LEAD
			MARCHAN LINE 2 TO SAIL
	haras and the state of the stat	Anne Egilis Svillig of s of contract of contract	DERLE SON EL MODE

TO HOSPITAL OR AT

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12068

CERTIFICATE OF DEATH

				keg. Dist. 140.
1. PLACE OF DEATH C. COUNTY EGANY	MARYLAND	2. USUAL RESIDENCE (Whee	re deceased lived. If institution b. COUNTY	n: Residence before admission) LLEGANY
b. CITY OR TOWN (If autside carpor RURAL and give nearest tawn) CUMBERLAND,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our	tside corporate limits, write RUI	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in ho or INSTITUTION MEMORIAL HOSP!	WARWICK & MEMORIA	d. STREET ADDRESS 824 GREENE	STREET	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Middle VIRGINIA R.	OSWALD	4. DATE Month OF DEATH NOVEM	
SEX 6. COLOR OF	WIDOWED DIVORCED	8. DATE OF SIRTH DECEMBER 25	las birthday) yrs.	Manths Days Haurs Min.
a. USUAL OCCUPATION (Give kind of during mast af warking life, even	f wark dane retired)	CUMBERLA	ND, MARYLAND	12. CITIZEN OF WHAT COUNTRY U. S. A.
3. FATHER'S NAME WILLIAM MILL	NOR ROBERTS	14. MOTHER'S MAIDEN NA FANNY M	II LLHOLLAND	
(Youngo, or unknown) (If yes, give war or	ED FORCES? dates of service) 16. SOCIAL SECURITY NO.	MEMORIAL HOSP	Addre	
PART I. DEATH WAS CAUS IMMEDIATE CO. 153,8 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	ane cause per line far (a), (b), and (c).] ED BY: AUSE (a) CAPCING DUE TO (b) Clentary DUE TO (c)	tosis gene teinima	Sigmoid Sigmoid	ONSET AND DEATH
OF ACCIDENTS WAS INDEDIVING	NT CONDITIONS CONTRIBUTING TO DEATH 8			N IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH	CD. (Enter nature of injury in Fo	in rai rai ii ai neii ro.,	
OD Haur a.m. p. m.		PLACE OF INJURY (Hame, farm, factary, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State
	B blulward LER WHITWORTH	th accurred at 7:55R M.D. Cumperla		hat I last saw the decease I an the date stated abov tate) DATE SIGNI
220. BURIAL, CREMATION, 22b. DATE	7/59 Rose fel	(lem)	2d. JOCATION (City, town, or	and Sight
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	I A I A A \		TRAR'S SIGNATURE

11 069 CHIRDANE OF BEADS

MASS.		CHARYSMA			ANCOSTE
		GRALITERATO			WA 271381525
	733977	STEER FOR A	לא גר אבנאולת וא ביים.	TATISTO	e_16490H31
th 5 February	iensvon a		. 1		
		PS 81343739		Time	2,000
	CHARTLAND.	MALIRSCHOOL CO.			
	GHALLIONS.	oth Yorka's	177	izor rougilia	MALLEN
ONTALLYHAM .	AL, CUNSERVA	110508, 14120434			
		an Protesta	and resident		
			le outli		
		ACCUT TO A SECOND			
			Milian		
	4		HT90	71897 SEELEN	.70
PARTY IN					

VS A15 (4) 15M 9/5B

N.

12071

CERTIFICATE OF DEATH

Reg. Dist. No.

)	1. PLACE OF DEATH o. COUNTY AL	LEGANY		MARYLAND	2. USUAL RESIDENCE (WHO STATE MARYLA)	ND	lived. If instituti b. COUNTY		GAN		on)		
	b. CITY OR TOWN (I RURAL and give no CUMBERLA		its, write	9 DAYS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X RURAL CUMBERLAND								
	d. NAME OF HOSPI OR ME MOR I A	L "HOSPITAL L & WARWIC	K AVES	ddress)	d. STREET ADDRESS	VALLEY	ROAD		e	ON A	FARM?		
	3. NAME OF DECEASED (Type or print)	Fii WA	ITMAN	Middle H •	PHILLIPS	4. DATE OF DEATH	NOVE		30°		959		
	5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIE	D NEVER MARRIED DIVORCED	B. DATE OF BIRTH	3	AGE (In years last birthdoy) 66 yrs.	Months	1 YEAR Days	Hours	R 24 HRS. Min.		
	10a. USUAL OCCUPATION during most of world Celanese 6	ting life, even if retired	dane 10b. KI	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote WEST VIF	RGINIA	44-1	12. CIT	U.S	·A.	DUNTRY?		
_	JOHN PH				CECELIA	A WALTM	IAN				73		
I		R IN U. S. ARMED FOR (If yes, give war or dates of s		. C. A.	MORIAL HOSPIT	ΓAL	CUMBER		MAR	YLAN)		
	A COLDENIA MA	the <u>under-</u> DUE TO (c) DIER SIGNIFICANT CON	abityons co		T NOT RELATED TO THE TERMI		100	'EN IN PAR	T 1(a) 19). WAS A PERFOR	RMED?		
	OR CONTRIBUTING	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
1	21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) [220. BURIAL, CREMATIC	OR GEORGE N, 22b. DATE THERECO	19 5 M/1 SIMONS	, and that death	M.D. Ol	ADDRESS (Street	ne causes and the causes are city or town,	d an the		stated	abave, signed		
	Burial Burial Burial	December	3,195	9 Sunset Mem	orial Park	D BY REGISTR	AR 24b. REGI	Ad B	edfo: GNATUR	rd Ro	ad_		
-	ower (N. Lele	2 Kin	lyndman, Pa.	DATE	DEC 4	'59	arilug	8 to	TALLA			

CHATTER I DELIVER ALLEGAMY PARTY GENERAL PARIS aria e THE WALLE STOR A SIMILARIV YES!

ACTION OF THE PROPERTY OF THE

all anniental

11,2,11,

Personal and the second of the second second

PLACE OF DEATH

o. COUNTY

NAME OF DECEASED

5. SEX

(Type or print)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

Middle

VERNON

2 DAYS

6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH

12072

PERFORMED? YES NO

(Stote)

				7
NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours affect of the Age 4		*: After this certificate has been signed by the attending physician and campletely filled in by the fuheral director,	ached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with	ourial, crematian, ar remaval, and in any event within 72 haurs after death.
t the		the at	Then	vent v
es that		ed by t	rmit. 1	any ev
requir	on.	n sign	sit pe	ui pui
wol a	haspital ar attending physician.	s beer	al-tran	ival, a
4: The	d buil	ate ha	burio	remo
CIAP	offend	rtifico	as the	an, ar
PHYS	l or	nis ce	use	matic
NG	spito	Her H	d for	Il, cre
ION	ho	K: A!	oche	ouria

	MALE	WHITE	WIDOWED DIVORCE	JUNE 2	11907	5
- 1	during most of wark	ing life, even if retired)	Textile M		enter the same trans-	try)
	Supt. Bea . FATHER'S NAME	ming	TEXULTE W.		BERLAND, MD.	-
		POORBAUGH		, morriex	LAURA SMITI	4
	es, no, or unknown)	R IN U. S. ARMED FORC (If yes, give wor or dates of ser	vice)	LATINOD LAI	HOSPITAL	_
_	No		214-07-26		HUSFITAL	0
CERTIFICATION	PART I. DEA HIO X Canditions, if or gove rise to it cause (a), stating lying couse last. PART II. OTH	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO my, which (b). mmediate the under- HER SIGNIFICANT COND AS UNDERLYING [In CAUSE OF DEATH]	ITIONS CONTRIBUTING TO DE	Stenage -		ONI
MEDICAL C	20c. TIME OF INJUR Hour o. m. p. m. 21. I certify th alive an	MEDICAL EXAMINER) Y Month, Day, Year 19 at I attended the	While at work Ot work Ot work Ot work	factory, street, office, 195, t seath occurred at	0/ 3-/	e cı
	PHYSICIAN'S NAME (Type)	DR. HIMMEI	WRIGHT			
22	a. BURIAL, CREMATIO REMOVAL (Specify)		22C. TANKE OF CER	NETERY OR CREMATORY	22d. LOCATIO	,
E	Burial	II-30-59	Everett	Cem.	Evere	tt
23	. FUNERAL DIRECTOR'	S SIGNATURE	ADDRESS		240 PECID BY PEGISTRA	P

12070

ALLEGANY

RURAL and give nearest town)
CUMBERLAND

b. CITY OR TOWN (If outside corporate limits, write

d. NAME OF HOSEITAL (If HOSPITAL give street address)

MEMORIAL & WARWICK AVES.

LEE

Reg. Dist. No

2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY ALLEGANY

> CUMBERLAND. e. IS RESIDENCE

d. STREET ADDRESS ON A FARM? 939 GAY STREET YES NO

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)

4. DATE OF DEATH Month Day Year 25 1959 NOVEMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years birthday) Months

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

Address UMBERLAND, MARYLAND

INTERVAL BETWEEN ONSET AND DEATH

DITION GIVEN IN PART 1(a) 19. WAS AUTOPSY

MARYLAND

Last

POORBAUGH

tem 1B.)

(County) (State)

That I last saw the deceased auses and an the date stated abave.

City, town, or county) Pa.

24b. REGISTRAR'S SIGNATURE James F. Scarpelli Cumberland, Maryland arthur & Kraya DATE DEC

VS A15 (4) 15M 9/5B

TO HOSPITAL OR ATT

CUMERIALO CYPE S DAYS CURRENTALL.

THE END WEST TO SEE THE STREET

LEE PERMITS PROPERTIES AND SELECTION OF THE SELECTION OF

SPULL VOSTIS SME LEAST REPORT OF MINE ST. MAIN

OI GRAINSHOO LIK OI LIKO MARKENIAN KEERING LIGHT

HIMP ASSAU EL! TOORENDER!

CARLY TO A TENTE MENTAL HOSPITME CUMPERCAME, MARYELLE

a ale time to head to the

Ayes and a graph of the same o

TORN MUNICIPAL THE PARTY OF THE

		12011		CERTIFIC	AIL	OI DE	AII			Reg.	Dist. No		
o. COL	OF DEATH JNTY ALLEGANY	,		MARYLAND		CTATE	YLAN		d lived. If instit b. COUN	TV	ence befo		ion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and gire neorest town) CUMBERILAND c. CITY OR TOWN (If outside corporate limits, write RURAL and gire neorest town) CUMBERILAND									d give ne	arest tow	1)		
d. NA	ME OF HOSPITAL	(If not in hospitol, given HOSPITAL	ARW CK" A VE	& MEMORIAL		. STREET ADD	RESS		STREET				FARM?
3. NAME DECEA (Type o	OF SED or print)	First AGNE	S	Middle C •	ı	RATT		4. DATE OF DEATH		Nonth EMBER	2	,	Year 1959
5. SEX	EMALE	WHITE	MARRIED NIDOWED	NEVER MARRIED DIVORCED		E OF BIRTH	R 28	1896	9. AGE (In year last birthdo	y) Months		Hours	R 24 HRS Min.
C]	lerk &	(Give kind of work dog g life, even if retired) Owner	-	cery Sto	re	CUMBE	RLAN	ID, MA	RYLAND		U. S	· A ·	OUNTRY
13. FATHE	JACOB								OBINSON				
MAS I		N U. S. ARMED FORCE yes, give war or dates of serv	(epip	22-4373	MEM(OSPI	TAL,	CUMBERL	A ND,	MARYI	_A ND	
1B. C	PART I. DEATH	Enter only one coust WAS CAUSED BY: MMEDIATE CAUSE (o)_		o), (b), ond (c).]	orha,	ge						SERVAL BE	
	ditions, if ony e rise to imr	nediote	Gene	ralized ar	ter	oscler	osis				10	yr.	
cous	couse (o), stoting the under- lying couse lost. DUE TO Hypertension									2 yr.			
CERTIFICATION ON CO. C.	PART II. OTHER	significant condi	ne	BUTING TO DEATH BU	IT NOT I	RELATED TO TH	IE TERMII	VAL DISEAS	E CONDITION	GIVEN IN P	ART 1(0)	PERFC	AUTOPSY RMED?
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
	Hour o.m.	Month, Doy, Year		lot whilef	non (F INJURY (Hon treet, office bl	ne, form, dg., etc.	20f. (City	or town)	9	(County)		(Stote
alive	e on Nove	l attended the comber 2,	7 60	and that deat		, 19 <i>59</i> prred at 6 140 Be	:00A	DDRESS (SI	the causes		last sathe date	e stated	ecease d abav
PHYS	ICIAN'S E (Type)	PR. JAMES H					mber		Maryla				
REMO	AL, CREMATION. DVAL (Specify) Plal	226. DATE THEREOF 11-5-19	59 S	t. Patri		s Ceme	1	y Ci	umberl		Md.	(Sto	e)
	mes F.	Scarpell		berland.	Md	24	a. REC'E	N REGIST	78 24b. RE	GISTRAR'S			

completely filled certificate has been signed by TO FUNERAL DIRECTORS 2 Shauld be a TO HOSPITAL

the funeral directar, shauld be filed with

by d pup 2.

Pages 1

VS A15 (4) 15M 9/5B

	CHALLY TAK					10140
	MINAL PRODUCTS		2 10			Cal
True Ar	a willing	37		.0.71	M. MTH	2011-11-11
STATE OF		PRATE	1.5		O THE STATE OF	

ALCO THE PROPERTY OF A STATE OF A

MCANTRON CALIFORNIA

AND THE STATE OF THE STATE OF THE MEANING, STATE OF THE S

Table 1 - Caretain Transport of the Caretain Car

.ug Af ... electrical tracks bardfaranew

Type teneton

202

-.00

ALL ASS 18 PARTY IN THE RES

to the second

reserve, and reserve

13/1

the action of the contract of

the able to be a support of the court of the

TO HOSPITAL OR ATT VING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer facth. Page 4 may be retained by cospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/5B

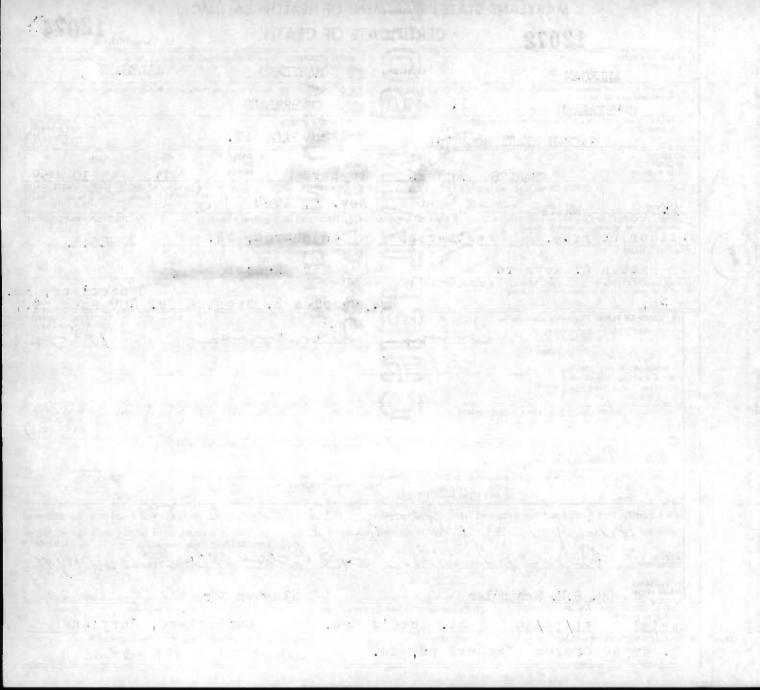
ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12072

CERTIFICATE OF DEATH

	24014				Reg. Dist. 140	· .
1. PLACE OF DEATH a. COUNTY	LEGAN Y	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If in b. COU	stitution: Residence bef UNTALLEGANY	ore odmission)
RURAL ond give n		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF COMBER)	outside corporate limits, w	rite RURAL ond give ne	earest town)
	BERLAND TAL (If not in hospital, give str		/d. STREET ADDRESS 309 PAC	A ST.		e. IS RESIDENCE ON A FARM?
	SACRED HEART	HOSPITAL	JUF FAC			YES NOX
3. NAME OF DECEASED (Type or print)	First CHART.F	Middle S Edward	Reynard	4. DATE OF DEATH	Month D	10 1959
5. SEX		MARRIED NEVER MARRIED DOWED MONTH	B. DATE OF BIRTH NOV. 9, 19	9. AGE (In) lost birtho	yeors IF UNDER 1 YEA day) Months Doys	R IF UNDER 24 HRS. Hours Min.
during most of wor	ON (Give kind of work done rking life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or fareign country)		OF WHAT COUNTRY?
Restauran 13. FATHER'S NAME	t Frop.	Restaurant	14. MOTHER'S MAIDEN	The same of the sa	U.	S.A.
	n C. Reynar	d	Mary R		-	
			NFORMANT Charles E	. Revnard	Address Cumber Jr. 309	rland, Mo
gove rise to couse (a), stating lying couse lost. PART II. OT	the under- DUE TO (c)	NS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	N GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
PART II. OT	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of item 1	B.)	
20c. TIME OF INJU Hour o. m. p. m.	W		ACE OF INJURY (Home, farr ctory, street, affice bldg., etc		(County	(State)
21. I certify the alive on ACTUAL SIGNATURE	B. M. A	~ 1	Joccurred at M.D. 43 Sr			
NAME (Type)	Dr. B.M. Schir	dler		Green-Street		
220. BURIAL, CREMATIC REMOVAL (Specify Burial	ON, 226. DATE THEREOF	St. Luke 1		Cumberla	own, or county) and, Mary	(Stote)
23. FUNERAL DIRECTOR		ADDRESS		D BY REGISTRAR 24b.		
H. Wavn	e George	umberland, Md	n. re MC	W 1 6 150	0.11 - 4.4	



FOR STATE HEALTH DEPT. Page

N

060

files. Heolth,

12075 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Frostburg, Maryland

24b. REGISTRAR'S SIGNATURE

anthun S. Kraus

240. REC'D BY REGISTRAR

DATE NOV 1 8 '59

	12075	DICAL EX	AMINEK	5 CERTIFICA	IE OF I	DEAIR	Reg. D	ist. No	•	
PLACE OF DEAT	Н			2. USUAL RESIDENCE (V				ence bef	ore odmi	ssion)
u. COONT	Allegany		MARYLAND	o. STATE Maryl	and	b. COUNT	Al:	lega	ny	
b. CITY OR TOW	VN It autside carparate limits, write	RURAL C. LENG	TH OF STAY IN 16	c. CITY OR TOWN (IF	f outside carpo	rote limits, write	RURAL one	d give no	earest to	wn)
Cumberla		8	hours	X La Va	le					
d. NAME OF HO	ospital or institution (in the spital in the	f not in hospital, give	street address)	d. STREET ADDRESS	Vale	Blvd			ON	A FARM?
3. NAME OF	Fin	9	Middle	Lost C	4. DATE	Month		Day		ear
(Type or print)	JOHN	FRANK		CHARDSON	OF DEATH	Novembe		Ouy		9 59
5. SEX	6. COLOR OR RACE	7. MARRIED NE	VER MARRIED	B. DATE OF BIRTH	9	last birthday)	Months	Days	Hours	ER 24 HRS
Male	White	WIDOWED [DIVORCED 🗌	June 17,1922	2	37 yrs.	Months	Days	rigors	Min.
	ion anager		usiness or indus	Frostburg	, Mary			USA	TAHW	COUNTR
John V.	Richardson			Lula Mich						
15. WAS DECEASE	D EVER IN U. S. ARMED FOI	RCES? 16. SOCIAL SE	CURITY NO. 17.	INFORMANT		53 Leireil	ale	Blve	l.	
(Yes, no, er enknown)	Ilt yes, give was or dates of	(BIVICE)	I	da E. Richar	dson	La Vale	. Ma	ryla	and	
	DEATH Enler only one cau	se per line for (o), (b)	, and (c).]				•	INTER	VAL BETWE	EN
PART I.	DEATH WAS CAUSED BY:	C	oronary	Occlusion					ANO DEA	
420	IMMEDIATE CAUSE (o)		J							
Conditions,	if ony, which) (b)	D	ue to Co	ronary Scler	rosis					-
	mmediate couse	- 44								
cause lost.	the underlying (c)	н	vpertens	ion						
CATIC	OTHER SIGNIFICANT CON	DITIONS CONTRIBUTIN	NG TO DEATH BUT	NOT RELATED TO THE TERM			EN IN PAR	11		AUTOPSY PRMED? NO 🔀
PRIMARY O	CONTRIBUTING 🗆	b. DESCRIBE HOW IN.	JURY OCCURRED.	(Enter nature of injury in Par	t for Part II o	f item 18.)				
	INJURY Month, Day, Yea 1. m. 2. m. 19		while for	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	n. 20f. (City e	or town)	(Co	unty)		(Stote)
21. I certif	y that I took charge	of the remains	described ob	ove, held an Autops	y , Ins	pection X	Inqui	ry 🔀	an	d in my
opinion de	ath resulted from: 1	Vatura causes	Accident	. Suicide . I	Homicide	, Undete	rmined i	monne	r 🔲	
ACTUAL SIGNATURE	Benedict,	Skitar	elie	M.D. CHIEF MEDICAL EX	- Count	n			DATE S	IGNED
EXAMINER'S NAME (Type)	Benedict Sk	itarelic,	M.D.	DEPUTY MEDICAL		-	rembe	r 12	2, 1	959
220. BURIAL, CREM REMOVAL (Sp	AATION, 226. DATE THEREO	F 22c. NAM	E OF CEMETERY O	R CREMATORY	22d. LOCATIO	ON (Cily, town,	or county)		(State	e)

15, 1959 Frostburg Mem. Park

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necessexed the certific writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral directly 4 should be forwarded to the Chief Medical Examiners's Office along with form MSA Page 5 may be retained for your VENNERAL DIRECTOR: Page 3 should be used as a burief-transit permit. File pages 1 and 2 with the Stote Board or its designated agent, prior to barief, cremation, or removal, and in any experimental rectled to the death. **VS. A15ME** 5M 2/57

Burial Nov.

John J. Hafer, Cumberland, Maryland

or its designated agent, prior to burial, cremation, or removal, and in any

MARYLAND STATE PERFAMINGRES OF REALTH SALTIMORS, 18 -- OF THE OR DEATH ...

	CONTRACTOR OF STREET			
	And the second s			
	siny al			Prediction
	THE COURSE OF MINE PARTY.			
	byil win/ n- 0		La Landie L	
				- Mitte
	odnovou militari de discontra		1000	
	Jane 12, 1922	Company of the second	O DE LA LABORATION DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTI	MALAK
	busives, /misteont	Targanur det Ca.		Promot
	leadalt with		nosbranalit	V mlet
.bylk als				
	is a Michaedson La-Vale			
			STATE OF STREET STATE !	
	nor and one	Corporator		1940
	alsoreing you'd	Dise the short		
	0.00	lypertensi		
	Commence of the Commence of			
	Description Street,			INCOME.
enter 12, 1969			Lat. foll wood	
	KALL ASSISTED AND THE STOTICES			
bunkers	re. Lark Prosecution, 7	Lede, Programmy J		Le band
		Shallyand, bankle	Contains views	A. mito
		and the same of th		

N

X

or removol.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	12100				Reg. Dist	l. No.
). PLACE OF DEATH	20203			Yhere deceased lived. If is		ce before admission)
o. COUNTY	Allegany	MARYLAND	o. STATE	Maryland ^{b. co}	UNTY A	1100,
b. CITY OR TOWN (If	outside corporate limits, write RUI	c. LENGTH OF STAY IN 16		outside corporate limits,		give nearest town)
Rural	Westernp	ort, 4 yrs.	X Rural	Wester	nport	
d. NAME OF HOSPITA		ot in hospital, give street address)	d. STREET ADDRESS	E. Wester	nnont	o. IS RESIDENCE ON A FARM? YES NO P
3. NAME OF	First	Middle	Lost		Aonth	Day Year
(Type or print)	Robert	Clifton	Riley	DEATH NOV.		24 19 5 9
s. sex Male	**** * 1	MARRIED NEVER MARRIED 8.		1910 49 (In year lost birthday)	Months Do	YEAR IF UNDER 24 HRS. oys Hours Min.
during most of working	ON (Give kind of work done of life, even if retired)	106. KIND OF BUSINESS OR INDUSTRI	Nest	or foreign country) Virginia	12. CITIZE	U.S.A.
13. FATHER'S NAME	pooto		14. MOTHER'S MAIDEN N	JAME .		
ATI	bent Riley		Lavena	Chaney		
	R IN U. S. ARMED FORCE (If yes, give war or dates of service		FORMANT Mary Ri	Ade	dress ternpol	ct. Md.
	M [Enter only one cause o	per line for (o), (b), and (c).				INTERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY		nfarction,	left; lar	70	DNSET AND DEATH
420.1	IMMEDIATE CAUSE (o)	my ocar arar in	11 01 0 0 1 0 11 9	1010, 101	50	T 11.
Conditions, if or		Coronary Scle	erosis with	Thrombos:	ls	recent.
gove rise to immed (o), stoting the u couse lost.		Arteriosclero	sis			
PART II. OTH	ER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	NAL DISEASE CONDITION	GIVEN IN PART 1	19. WAS AUTOPSY PERFORMED? YES NO
PRIMARY OF CON CAUSE OF DEATH.	SE WAS TRIBUTING [DESCRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Part	t I or Part II of item 18.)		
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year	20d. INJURY OCCURRED 20e. PLAC While Not while at work of work	CE OF INJURY (Home, form rry, street, office bldg., etc.	20f. (City or town)	(Count	(Stote)
21. I certify th	at I taak charge of	the remains described abay	ve, held an Autops	y [X] Inspection]	C. Inquiry	X, and find the
death resulted	fram: Natural cau	uses 🗓, Accident 🔲, Suid	ide [], Homicide	, Undetermine	ed cause .	
N STATE OF	16 5	mn X				
ACTUAL SIGNATURE	NUCL	1/ Lane-	M.D. CHIEF MEDICAL EX	AMINER [DATE SIGNED
			ASSISTANT MEDICA	AL EXAMINER		
EXAMINER'S NAME (Type)	W. O. McLa	ne. M.D.	DEPUTY MEDICAL	EXAMINER X NOT	vember	24. 1959
22a. BURIAL, CREMATIO REMOVAL (Specify) BURIAL		22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, to Western		(Stgle) Md •
23, FUNERAL DIRECTOR	SSIGNATURE	ADDRESS			REGISTRAR'S SIGN	
Fools Funer	alxerrice Wo	sternport, Md.	DATE	NOV 2 5 '59	arthur S.	, Thank

77 - Vp 16				
The last of the		TARRIDER	F EXAMINER'S	ADIGHA
	With the same of t			
	dentification with	I amin's	Lieux 1	Leconomic of the second of the
	The state of			
	.70		Dog Pico	
	Will Control of	01		tion with die
	TO THE REAL PROPERTY.			
* * 5	sinker27		474.2	to to oscial this
		unaval'		Albert Albert
				THE RESERVE OF THE PARTY OF THE
1.010, 1.700	THAT PRODUCE IN THE	(15 m) (10 m)	see sta	No.
*			nE webbresor	
		drift nices	ni delbresor Miss raines	
3.7890E		is for all non	nini ethiesor mios quincio en licus licem	
3.7890E		is for all non	nini ethiesor mios quincio en licus licem	
Jamesou I		is for all non	nica manga mina manga makana man makana man	
3.7890E		iste stoor 813 Westerna	nica manga mina manga makana man makana man	
		is to be son	afor Transco	
			mins traines of the son of the so	
			mins traines of the son of the so	
			mins traines of the son of the so	
		is in the section is a second	mins traines of the son of the so	
			mins traines of the son of the so	

ath. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1	"	A	7	had	
	2	11	4	6	
-		-			

	121	09	CERTIFI	CAI	E OF DEA	IH		Reg. [Dist. No		
1. PLACE OF DEATH o. COUNTY Alle	egany		MARYLAI		o. STATE Md		sed lived. If institut b. COUNTY		ence befo		sion)
b. CITY OR TOWN (I RURAL and give no LUKE	If outside corporate limearest town)	its, write	c. LENGTH OF STAY IN 20 Yrs		c. CITY OR TOWN	(If outside cor	porote limits, write I	RURAL one	d give ne	arest town	n)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, of 1923) Pratt	give street	oddress)	1	d. STREET ADDRESS						FARM?
B. NAME OF DECEASED (Type or print)	Geraldine	rst	Middle Druculla	Ro	lost binson	4. DATE OF DEAT			4	,	Yeor 1959
5. SEX Female	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED ED DIVORCED		pate of Birth 4	910	9. AGE (In years lost pirthdoy)	Months		Hours	ER 24 HI Min
0o. USUAL OCCUPATION during most of world House Wif	ON (Give kind of work king life, even if retired C	done 10b.	Own Home	NDUSTR	W. Va.	ote or foreign	country)		S.A.	FWHATC	OUNT
3. FATHER'S NAME Harley H	larvey				4. MOTHER'S MAIDE IVY Whit						
	R IN U. S. ARMED FOR (If yes, give wor or dates of		SOCIAL SECURITY NO.		Robinson	-Luke.		dress	4	, Y.	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE ()(congesti	ve	heart Fa	ilure	• •		NO NO	ERVAL BE SET AND 6mo	DEAT
Conditions, if o gove rise to i couse (o), stoling lying couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	the under-)	Coronary C Atteriosel CONTRIBUTING TO DEATH	ero	sis	RMINAL DISEA	ase condition gi	VEN IN PA		To :	Vr S AUTOF ORMED
	AS UNDERLYING GOVERNMENT CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCI	URRED. (Enter noture of injury	in Port I or P	ort II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While	NJURY OCCURRED 20. Not while k ot work	e. PLACE foctor	OF INJURY IHome, f y, street, office bldg.,	form, 20f. (C	ity or town)		(County)		(Sto
actual signature PHYSICIAN'S NAME (Type)	ov Ist	19	ed fram July 59 , and that de	M.C	courred at_ Io	am, from	n the causes ar (Street, city or town	nd an tl	he date	stated	d aba
REMOVAL (Specify) Burial	11/7/59		Philos	KT OK C	KEMATURY		sternport		,	Md	
23. FUNERAL DIRECTOR	1	W	ADDRESS esternport,	Md.	24a. R DATE	ECLOS BEC	ISTRAR 24b. REG	Istrar's		RE	

TO STREET AND THE STREET TO THE STREET AND THE STRE

يترزيوا مسوقو

log et al. and the second of t

DE PER L'INDRAN DE LA VOIL LE BREE L'ENVIOLE PRINCIPAL DE L'ESTE PAR L'ANDRE DE L'ANDRE

at a more as a second s

12078

\		12015	k	CERTIF	-ICA	VIE OF DEA	ИН		Reg. D	ist. No		1
	o. COUNTY	legany		MARYL	AND	2. USUAL RESIDENCE o. STATE Mar	(Where deceased y land	sed lived. If ins b. COU		nce befo		ion)
	b. CITY OR TOWN (I RURAL ond give no	If outside corporate limit earest town)	s, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN	(If outside corp	porote limits, wr	rite RURAL ond	give nec	arest town	1)
	Cumbe			56 yrs.			berlan	ıd				
	OR INSTITUTION	Mberland				d. STREET ADDRES		rland	Stree	t		FARM?
	3. NAME OF DECEASED (Type or print)	Fin Mar	tin	Middle		Rohman, Jr	4. DATE OF DEAT		Month	2		Yeor 19 59
l	5. SEX			DE NEVER MARRIE	_	DATE OF BIRTH	2000	9. AGE (In y last birthd	ears IF UNDE	R 1 YEAR	Hours	R 24 HRS.
	Male	White	WIDOWED			April 4,						
	Shippin	king life, even if retired)		ewing Co.			rland,		12. CI		SA	COUNTRY?
	3. FATHER'S NAME					14. MOTHER'S MAID	1000					
		Martin Ro					ra Mye	rs				
ł	(Yes, no. or unknown)	R IN U. S. ARMED FORG	CES? 16. S	OCIAL SECURITY NO.		FORMANT	D 1		Address		202	
	no				MI	cs. Marti	n Rohm	an, Cur	nberla	nd,	Md.	
		ATH [Enter only one con	use per line	for (o), (b), ond (c).]							ERVAL BE	
		TH WAS CAUSED BY: IMMEDIATE CAUSE (6)		<i>Tentricular</i>	c Fi	brillation					5 m	
ı	420.0	DUE TO										
ı	Conditions, if o		1	[vocardial	Inf	arction					3 da	ays
	gove rise to i couse (o), stoting lying couse lost.			Artero Scl	erot	ic Heart D	isease				5 yea	ars
	PART II. OTH	HER SIGNIFICANT CON						ASE CONDITION	I GIVEN IN PA	RT 1(o) 1	PERFO	AUTOPSY PRMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY OC	CURRED	. (Enter noture of injur	y in Port I or Po	ort II of item 1B	.)			
	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While of work	Not while	20e. PLA fact	CE OF INJURY (Home, tory, street, office bldg.	form, 20f. (Ci	ity or lown)		(County)		(Stote)
	21. I certify the clive on	Nov. 2				accurred at 6:	30 M, fro		es and an i		ite state	
ļ	NAME (Type)	ouis M. Gl		I.D.		Cumbe	rland,	Marylan	d			
	220. BURIAL, CREMATIO REMOVAL (Specify)			22c. NAME OF CEMET				ATION (City, to			(Slot	e)
-	Burlal	11-9-12	59		r &	Paul Cem						
	73. FUNERAL DIRECTOR		Carre	ADDRESS	75.7		REC'D BY REGI		REGISTRAR'S SI			
ı	James F.	pogriberti	اللالال	berrand,	MIC	DATE	MOV 6	'59	arthur	S. 74	and	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by hospital or ottending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by hospital or ottending physician and completely filled in by the varietal director.

TO FUNERAL DIRECTION: After this certificate has been signed by the ottending physician and completely filled in by the varietal director.

TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be a provided by the variety of the variety of

MARY AND STATE THE AUTHOR OF HUGH HAR DIVERS TO in a community and the second with the property of the design agency with most for the contract and contract and the cont and the second party of ASI is being the as a

061

0

10000

Chiling & Kraus

	12095	CERTIFICA	ATE OF DE	ATH	iiiiioke, i	Reg. Dist. N	. Tenta
1. PLACE OF DEATH O. COUNTY Alle		MARYLAND	2. USUAL RESIDENCE o. STATE Marylar	IE (Where decease	d lived. If instituti b. COUNTY	an: Residence be	
RURAL and giv	N (If outside corporate limits, write e nearest town) urg., Maryland	c. LENGTH OF STAY IN 16 3 weeks			orate limits, write R	URAL and give n	
d NAME OF HO	SPITAL (If not in hospital, give streeth Miner's Hospital)	et oddress)	. STREET ADDR				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	James First	Middle Lewis	Rolfe	4. DATE OF DEATH	Mon Nov.	12,	Day Year
5. SEX Male	White woo	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH August 28		9. AGE (In years last birthday) 78 yrs.	Manths Days	R IF UNDER 24 HRS. Hours Min.
Brick ya	ATION (Give kind of work done 10 working life, even if retired) rd employee	b. KIND OF BUSINESS OR INDU Brickmaking	Eston,	Yorkshire	ountry) e, Englan		of WHAT COUNTRY
13. FATHER'S NAME	Rolfe		14. MOTHER'S MAI	oeth Fox			
15. WAS DECEASED (Yes, no, or unknown)	and	6. SOCIAL SECURITY NO. 17. (215-10-1208	Mrs. Jame	s L. Rol	fe Mt.		Maryland
292.4 Conditions, i gave rise to cause (o), stati lying cause la	f ony, which be immediate ing the under-	arenoch	Ceratie ?	Heart	Disea	2-6 0	3 yrs ?
ZOO. ACCIDENT	OTHER SIGNIFICANT CONDITION WAS UNDERLYING 20b. DI	SCRIBE HOW INJURY OCCURRE				EN IN PART I(a)	PERFORMED? YES NO
_	m. Whi		ACE OF INJURY (Home	o, form, 20f. (City	or town)	(Count)	(Stale)
-	that I attended the deceded NOVOLY, 19	osed from 607	M.D. 48	130 F.M. from	n the causes a treet, city or town,	nd on the d	
Burial Spec	Nov. 16, 1959	A CONTRACTOR OF THE PARTY OF TH			TION (City, town, o	or county) Allega	(Stote)
23. EUNERAL DIRECT	y V Lege	ADDRESS Hyndman, Penn	240	REC'D BY REGIST		thun & the	URE

eigley Hyndman, Pennsylvani DATE NOV 1

VS A15 (4) 15M 10/57

THE RESERVE OF THE PARTY OF THE		
HEAST 10 31	with the same of t	
		CHICK CHO!
The second second		
		0.713877

the fuheral director, should be filed with

event within 72 haurs after death

12080

12075 CERTIFICATE OF DEATH

Cather S. Kraus

DATNOV 3 0 '59

	2,000					Reg. Dist. No.	
1. PLACE OF DEATH a. COUNTY ALLE	GANY	MARYLAND	2. USUAL RESIDENCE o. STATE MARYLA		l lived. If institution b. COUNTY	on: Residence befo	
b. CITY OR TOWN RURAL and give CUMB	I (If autside corporate limits, write nearest lown) ERLAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpor	rote limits, write RI	URAL ond give ned	arest tawn)
	PITAL (If not in hospital, give street MEMORIAL HOSPI AL & WARWICK AVE		d. STREET ADDRESS	s .AFAYETTI	E AVE.,		e. IS RESIDENCE ON A FARM? YES NO []
3. NAME OF DECEASED (Type or print)	MARY #	Addle Agnes	RUBY	4. DATE OF DEATH	NOVEME		
5. SEX FEMALE	WHITE WIDOW			95	9. AGE (In years last birthday) 64 yrs.	Months Doys	IF UNDER 24 HR Hours Min.
during mast af w	TION (Give kind of work done orking life, even if retired) COOK	KIND OF BUSINESS OR INDU	C.A. PENNA	McKees		USA	F WHAT COUNTR'
13. FATHER'S NAME MI CI	HAEL BEAN		MARGARE		CORMICK		
(No. no, or unknown)	. (If yes give war or dates of service)	SOCIAL SECURITY NO.	MORIAL HOSP	ITAL . CI	Addr UMBERLAND		
PART I. D 443× Conditions, if gove rise to couse (o), stotic	immediate DUE TO	Get herel	Vasular Stroke So	pr dome	tent 1		ERVAL BETWEEN SET AND DEATH LYMWILL
OR CONTRIBUTION	OTHER SIGNIFICANT CONDITIONS WAS UNDERLYING OF CAUSE OF DEATH	CONTRIBUTING TO DEATH BUT	t.	277	E CONDITION GIV	YEN IN PART I(a)	9. WAS AUTOPS PERFORMED? YES NO
20c. TIME OF INJ	1. While	Not while fo	ACE OF INJURY (Home, ectory, street, office bldg.,		or town)	(County)	(Stat
21. I certify olive on	that I attended the decear	buylyth	, 1959, to n occurred of 1:30 m.D. 133 Va	PM, from	the causes an inset, city or tawn,	d on the dote	
220. BURIAL, CREMAT REMOVAL (Speci Burial	ION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C			ion (city, town, o		(State)
23. FUNERAL DIRECTO		ADDRESS	24a. F	REC'D BY REGIST	RAR 24b. REGIS	STRAR'S SIGNATU	RE

TO FUNERAL DIRECTOR: After the page 3 shauld be detached far VS A15 (4) 15M 9/5B

the registrar priar

12075

W/mail/a	CHTANA		YMAX	3 1 1
	CHARRENTO	24.2 (09.79	enu)
4 4 3	YOU LINEAUENTE A	J. 1120	1 1 1 1 1	.1 3 5 1
	YEUR	Bonna Maaya	AH	
	ANLY 20 LIBITE OF YOR		21111	11 M 3 R
	togenexal AWMS	NOTE OF STREET		
30,110	MARGARET E. NO CO		WATE JEW	1910
	MALIAL MORNING, CUR	adicab-cu-yra		
	Low the United Section	Neath-190		
	and and			
	A second	CONTRACTOR OF		
*				
	Service of the service			

THOUGHT MINISTERN .0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MINE WAR OF THE PROPERTY OF	MEDICAL EXAMINER'S C
	3505
THE TANK OF THE PARTY OF THE PA	The state of the s
Two is a garden was a second	
A SOUTH A SECOND OF THE SECOND	
	The state of the state of the second of the second
n development	
mestaleth rigger	
a local and the contract of a	
. EMIL S. Company	the will developed the state of
60 - 60 50 to 1	the new least to the state of t
Color of the state	The state of the s
The state of the contract of the state of th	
	La Provincia Molta la ser la ser la ser la companya de la companya de la companya de la companya de la companya
The state of the contract of the state of th	La manga well, laster as a sold of sality sign

M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

12082

	1209	5	CERTIFIC		LOID	LAII			Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY	legany		MARYLAND		O. STATE	Md.		d lived. If institut b. COUNTY		ence befo		ision)
b. CITY OR TOWN RURAL ond give Westernpo	(If outside corporate lim nearest town)	its, write	c. LENGTH OF STAY IN 18	1/	0	own (If a		prote limits, write	RURAL ond	give ne	arest tow	m)
The state of the s	PITAL (If not in haspital,			1	d. STREET A	DDRESS	View	Drive			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	- Fi Lulu	rst	Middle Allen	Se	los		4. DATE OF DEATH	Nov.	nth	Do 1	ру	Yeor 1950
s. sex Female	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED DIVORCED	_	Dec. 17		34	9. AGE (In years lost birthday) 74 yrs	Months		Hours	ER 24 HRS Min.
10a. USUAL OCCUPAT during most of we House W	orking life, even if retired	dane 10b.	KIND OF BUSINESS OR INI	DUSTRY		ACE (Stote	-	ountry)	12. CI	TIZENO		COUNTRY
13. FATHER'S NAME				1	4. MOTHER'S	MAIDEN N	AME					
George	W. Raines							Arn	b Lo			
15. WAS DECEASED EN	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.		rmant in Seck	1.	7 - 1	Add	dress			
Conditions, if gave rise to couse (a), statin lying cause las	g the under-	DITIONS	CONTRIBUTING TO DEATH B	d a	sthe	eim.	atic	E CONDITION GI		11	PERF	ORMED?
20g. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING DIG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (E	inter noture of	injury in	Port I or Por	t II of item 18.)			YES L	. но
20c. TIME OF INJU Hour o. m p. m	10	ar 20d. I While of wor	Not while	PLACE factory	OF INJURY (I	lome, farm bldg., etc	20f. (City	or town)		(County)		(State
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMAT REMOVAL (Specif	Paul R. ION, 22b. DATE THEREO	91/2 Wi	Son 22c. NAME OF CEMETERY	M.D.	. III ASI		ADORESS (S	PIECH TION (City, tawn,	nd an the state) cut, 4 or county	le date	e state DA //-	d abave
Burial 23. FUNERAL DIRECTO	11/6/59 DP'S SIGNATURE (7)		Philos	-		24- PFC'	D BY REGIS	ternport	ISTRAR'S S	IGNATII	Md.	- 55
	Boal		Westernport,	Md			NOV 9		مسلام			

VS A15 (4) 1SM 9/SB

the registrar priar ta burial, crematian, or removal, and

图成4年度为1940年的2000年上海8000年 Average the Arela THE ME IN ANALYS ON I Minimal Voted Action of the company of the Action Francisco Evan For British Control and the Control of the Contr the transfer of the Alexander of the Ale A CONTRACTOR OF THE CONTRACTOR The state of the s

Funeral

Main Frostburg

afer

ieul23East

23. FUNERAL DIRECTOR'S SIGNATURE

Page TO FUNERAL DIRECT 3 should page VS A15 (4) 15M 10/57

IF UNDER 1 YEAR IF UNDER 24 HRS. Months 12. CITIZEN OF WHAT COUNTRY U.S.A. Address Barberton, Ohio. Charles Lessiter, 1190 South Avenue PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY (County) and that death occurred at 2224. M, from the causes and an the date stated above. ACTUAL PHYSICIAN'S NAME (Type) 49 Greene St., Cumberland. Md. James E. McLean. M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Burial rostburg emorial

. IS RESIDENCE ON A FARM?

Doy

YES NO

19

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

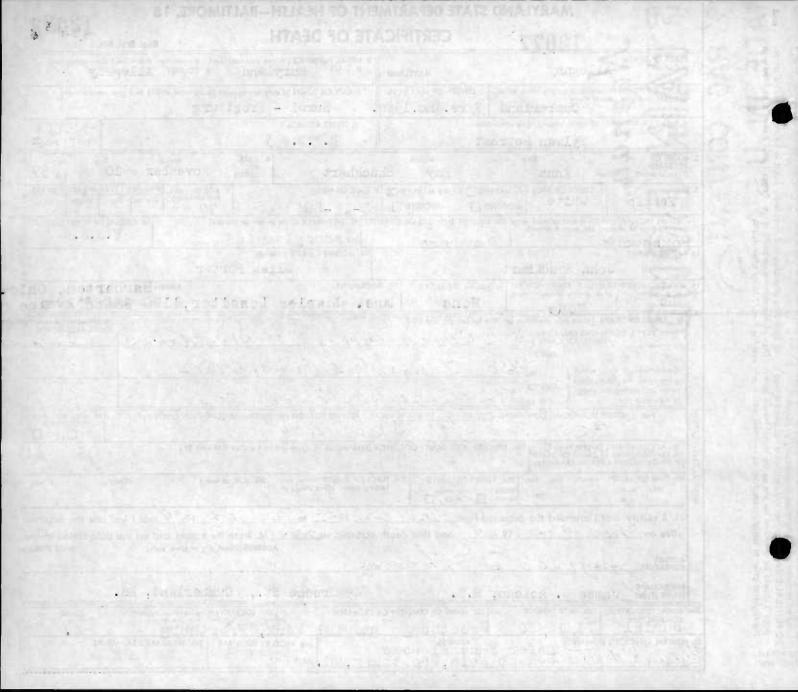
> > (State)

DATE SIGNED

(Stote)

24b. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR



VS. A15ME(5) 5M 9/55

01

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	10070					Re	g. Dist. No	•
1. PLACE OF DEATH	12010			2. USUAL RESIDENCE	E (Where deceased	lived. If Institution: F	Residence bef	ore admission)
o. COUNTY	LEGANY		MARYLAND	o. STATE	T VIRGIN	b. COUNTY M	INERAL	V-
	f autside corporate limits, write Ri	URAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	I (If outside corpo	rote limits, write RURA		
	BERLAND		2 Hrs.	KEYSER		85 x	5	
	TAL OR INSTITUTION (IF	not in hosp		d. STREET ADDRES	S	00/-		e. IS RESIDENCE
SAC	CRED HEART			71 MAPI	E AVE.			YES NO
3. NAME OF -DECEASED (Type or print)	First	р	Middle anetta	Lost	4. DATE OF DEATH	Month	Day	Year
5. SEX	MARY		Y	SPANO DATE OF BIRTH		AGE (In years IFUN	DER TYEAR	IF UNDER 24 HRS.
FEMALE		VIDOWED		June.20.I	1,000	lost birthday) Mont		Hours Min.
10a. USUAL OCCUPATION	ON (Give kind of work do	ne 10b. Kil	ND OF BUSINESS OR INDUST			ntry) 12.		WHAT COUNTRY?
House W		1		Keyser.			U.S	Λ.
13. FATHER'S NAME				14. MOTHER'S MAIDE			UAN	444
Frank P	onetta			Kathan	ine Con	1 000		
16. WAS DECEASED BY	ER IN U. S. ARMED FORC	ES? 16. S	OCIAL SECURITY NO. 17. IN	IFORMANT	THE CON	Address		
(Yes, no, or unknown)	(If yes, give war or dates of serv	rice)					45	187 **
/ No	No			Nicola Sp				
	TH [Enter only one cause TH WAS CAUSED BY:				Husband	1)	ONSE	VAL BETWEEN T AND DEATH
0.0	IMMEDIATE CAUSE (0)	11	ntracranial He	morrhage			1	:05 Hrs
8124	DUE TO						100	
Conditions, if o		S	cull Fracture		3 14 - 10 1		1	105 Hrs
(o), stoting the								
couse lost.) (c)_							
PART II. OTE	HER SIGNIFICANT CONDIT	TIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIVEN IN	PART 1(0) 11	P. WAS AUTOPSY PERFORMED?_
3							1	ES NO L
PART II. OTH	USE WAS 20b.	DESCRIBE	HOW INJURY OCCURRED. (E	nter noture of Injury in	Port I or Port II of	item 18.)	11000	
CAUSE OF DEATH.	NIKIBUTING LI	St	ruck by Autom	obile				
3 20c. TIME OF INJU	RY Month, Day, Year		JURY OCCURRED 20e. PLAC	E OF INJURY (Home, f	orm, 120f. (City o	r fown)	(County)	(Stote)
20c. TIME OF INJUING HOURS WHILE TO P. m.		While	Not while a facto	ry, street, office bldg.,	elc.)			
			mains described above	Street		erland, Al	log	Md.
						4	quiry X	and find that
death resulted	I fram: Natural ca	USBE	, Accident y , Suid	ide 🔲, Homici	ide [], Und	letermined cause	∐.	
ACTUAL /	1 1 4	VO +	-, 1)					DATE SIGNED
SIGNATURE	endice &	KILL	erelia)	_M.D. CHIEF MEDICAL	EXAMINER			
EXAMINER'S				ASSISTANT MED	DICAL EXAMINER			
NAME (Type) B	enedict Skit	areli	c. M.D.	DEPUTY MEDIC	AL EXAMINER	Nov. 18.	1959	
220. BURIAL, CREMATIC	ON, 22b. DATE THEREOF		2c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATIO	ON (City, town, or cour	nty)	(Stote)
Buriel	TT-2T-5	9	St. Thomas C	em.	Kevse	r.W.Va.		
23. FUNERAL DIRECTOR	'S SIGNATURE	12	ADDRESS	24a. R	EC'D BY REGISTRA	R 24b. REGISTRAR		-
Thom	casking	16 8	Weycer 2	Was DATE	NOV 2 0 '5	9 arih	47 8. th	and.
	1100	T. O.	7.000	7-		1		

		Land Steel Land		
The state of the s				
	Service Contract			
	6 6			NEW C
2 2			Paretta	sings.
e Tarrell, arrighter	Me, amone misot			
	CONTRACTOR OF THE PROPERTY.			
		not du transportant		
		svojana i fizili		
		svojana i fizili	or the party of th	
		svojana i fizili	property of the party of the pa	
			The second secon	
rdi action			The second secon	

12	08	

		12079 CERTIFICATE OF DEATH Reg. Dist. No.
N)		PLACE OF DEATH O. COUNTY COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE D. COUNTY MARYLAND
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest-town) RYRAL and give nearest fown) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
X		or INSTITUTION 3/7 Fineeric St. d. STREET ADDRESS. d. STREET ADDRESS. d. STREET ADDRESS. or INSTITUTION 3/7 Fineeric St. e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED Month OF Day Year OF DEATH NOTE: 9 19-59
/	5. 5	6. COLOR OR RACE 7. MARRIED MEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours Min.
(1	2	USUAL OCCUPATION (Give kind of work done done done done done doring most of working life, even if retired) Houseway (6)
		Henry T. Hartung Christine Jeiglen
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECHRITY NO. 17. INFORMANT MASS Place Address Address Mass Place Address Ma
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO INTERVAL BETWEEN ONSET AND DEATH Sylar PART I. DEATH WAS CAUSED 8Y: DUE TO
		Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) DUE TO (c)
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? DEADLES MELLIFERS: CENTENDES CONTRIBUTIONS CONTRIBUTION
	L CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW NJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CIFEITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year North Hour o. m. p. m. 20d. INJURY OCCURRED While Not while of work at work at work at work at work at work.
		21. I certify that I attended the deceased fram 11,1,59, 1957, to 1859, that I last saw the deceased alive an 9 Nov. 1959, and that death occurred at 40 AM, fram the causes and an the date stated above
		ACTUAL SIGNATURE ACTUAL M.D. 59 GREENS (Street, city or town, stote) DATE SIGNATURE ACTUAL SIGNATURE
1		PHYSICIAN'S S. G. WEISMAN COMBERGAND MARYLAND
	L	BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county) (Storte)
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1240 REGISTRAR'S SIGNATURE

TO FUNER page 3 s VS A1S (4) 1SM 9/SS

ADDRESS

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

DATE NOV 1 2 '59

TODAY HTAIG	CERTIFICATE O	12079
New All Control of the Control of th		
	THE RESERVE THE	
	HITCHING NO SON (SANS)	
		A CONTRACTOR OF THE CONTRACTOR
		Chicago and the control of the contr
Colly be to a series and no force or recorded, early M Its a back many M		

M

090

MARYLAND	STATE DEPA	RTMENT OF	HEALTH-BALTI	MORE. 18
***************************************	OINTE DELL	************	TIEFABILI DETERMINE	110111

CERTIFICATE OF DEATH

12086

	12037		CERTIFICA	TIE OI D		A		Reg. D	st. No.		
1. PLACE OF DEATH a. COUNTY	Allegany		MARYLAND	a. STATE	ENCE (W	here deceased	d lived. If institution b. COUNTY		nce befo		sian)
b. CITY OR TOWN RURAL and give Western		its, write	c. LENGTH OF STAY IN 16		own (If o	-	orate limits, write R	URAL and	give nec	arest taw	n)
OR INSTITUTION	en Nursing	- MITON		d. STREET AD	DDRESS	1901 0					SIDENCE A FARM?
3. NAME OF DECEASED (Type ar print)	Lucinda	rst	Middle	Last True	1	4. DATE OF DEATH	Mon	ith	Do	•	Year 19 50
s. sex Female	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	Sept. 2		32	9. AGE (In years last birthdoy) 77 yrs.	Manths Manths	Doys	Haurs	ER 24 HRS
during most of wo House-Wife	rking life, even if refired	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLA	CE (Stote	ar foreign c	ountry)		IZENOF	WHAT	COUNTRY
13. FATHER'S NAME William	m Hanlin			14. MOTHER'S		VAME			e		
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOI			nformant rs. Franl			Add Westernr		Md.		
	ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO	1)		of Ho	mc	rrhs	48		INT	SET AND	DEATH
Canditians, if gove rise to cause (a), stating lying couse last	the under-		Hyport	ensin	<i>n</i>				2	. Ye	de
PART II. O' PART II. O' 20g. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFICANT CON	IDITIONS O	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THETERM	INAL DISEAS	E CONDITION GIV	EN IN PAI	2T 1(a) 1	19. WAS PERFO YES	DRMED?
	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	1	ne.	D. (Enter nature of	injury in	Part I or Par	t II af item 1B.)				
20c. TIME OF INJU Haur a. m. p. m.	10	ar 20d. I While of wor	Not while fo	ACE OF INJURY (H ctary, street, affice	ome, farn bldg., etc	n, 20f. (City	ar tawn)	((County)		(State
21. I certify t	hot I oftended the	deceas	ed from October 9, and that death		A - 1	LM, from		d on th		stoted	
ACTUAL SIGNATURE	Hamil	Sin	Vilson	M.D. 11/AS	hfi	11	7 - 1		WK		-10-5
PHYSICIAN'S NAME (Type)	ON 226, DATE THERE	W_1	son M.D.			Im Linch	TION IC's				
22a. BURIAL, CREMATI REMOVAL (Specify BURIET			22c. NAME OF CEMETERY C				TION (City, town, ardeh	ar county)	W	Vo.	re)
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS Westernport			NOV 1 2		STRAR'S SI			

VS A1S (4) 1SM 9/58

CHIAMO IC TACHINED TEOSI Dr. a. de Den Strady H. D. The state of the s Market In the late of the Art of AMP and the late of t the state of the s ENERGY TO STANK THE PROPERTY OF THE PARTY OF en and the second of the secon

12087

1000			Keg	g. Dist. No.
1. PLACE OF DEATH a. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Who s. STATE Mary	ere deceased lived. If institution: Re Land b. COUNTY	ssidence befare admission) Allegany
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Cumberland	c. LENGTH OF STAY IN 16		outside corporate limits, write RURAL erland	and give nearest tawn)
d. NAME OF HOSPITAL (If not in haspital, give street a OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
"emorial Hospital		500	Woodside Avenue	YES NO NO
3. NAME OF First DECEASED (Type or print) CARL	Middle CLINTON	WAGNER	4. DATE Month OF DEATH November	Day Year 28 19 59
5. SEX 6. COLOR OR RACE 7. MARRI Male White WIDOWEI		Mark 1	9. AGE (In years last birthday) 60 yrs.	NDER 1 YEAR IF UNDER 24 HRS. Oths Days Hours Min.
10a. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired) Machinist B		STRY 11. 8IRTHPLACE (State	404	USA
13. FATHER'S NAME	**	14. MOTHER'S MAIDEN N	,	
J. George Wagner		Zita C	atherine Lydin	<u> </u>
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S		NFORMANT		odside Ave.
/ no 70	5-05-4607 Mr	s. Marie Lan	ge Wagner Cumber	rland, arylan
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	randf	7 Certo	y Miseux	e 2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CO	elen	Mell	eties	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II af item 18.)	
Haur a.m. While	Nat while fa	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc	.)	(Caunty) (State)
21. I certify that I attended the decease alive an	and that death	accurred at 4:305	M, fram the causes and ar ADDRESS (Street, city ar tawn, state)	DATE SIGNED
PHYSICIAN'S Richard William NAME (Type)		,m,D,	entre Street Centre St. Cumb	11/30/59 erland, Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 12/1/59	22c. NAME OF CEMETERY OF Hillcrest	or CREMATORY Irial Park	22d. LOCATION (City, lawn, or gou	
23. FUNERAL DIRECTOR'S SIGNATURE John J. Hafer, Cumberland	ADDRESS d, Maryland	24a. REC	D BY REGISTRAR 246. REGISTRAR	2'S SIGNATURE 2 S. KLOUR

VS A15 (4) 15M 9/58

		(Dining)	12091	
allegany	Mint state of the		Vancelle	
	purity out		best	Legaling Q
N I DOM:	eva ablimost out.		fortheet.	Latrons
to (28) and	PAO, 102 ENEWS	Working		
	000001 .51 .500	on a	White	plat
AND I	Supportance, Encytena	beerflow 0 1 g		
own pirkuboon (George lagni	.t
berland, anylo	Marie Mane Manner P	705-09-4607 MG.		na
er (mar use het – bye				
# #EYOS (FI	mate matery is sta	Elle Kies es		1-05
	132 Sc. Coutre St.			
Dan California	benfredand graf 16	ing captality	05/1/a1	larna
			dator, bushell	Liv anoli

M

physician

ь

beat adjust court in the state of the -St., Britishing A State of the second ATHER COMMENTS . Not all months 2

060

OR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, terached far use as the burial-tronsit permit. Then please remove corbon popers. Pages 1 and 2 shauld be filed with eath. Page 4 ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs of the registror priar to burial, cremation, or removol, and in any event within 72 hours after death. page 3 should be detached for use as the burial-tronsit permit. e hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12080

		12082		CERTIFI	CATE	OF DEAT	TH		Reg. D	ist. No.	Tre	103
	PLACE OF DEATH O. COUNTY AL	LEGANY		MARYLAN		SUAL RESIDENCE (V	Where deceose	d lived. If institut b. COUNTY		LLEGA		ion)
	b. CITY OR TOWN (IF RURAL ond give ned CUMBERL	AND	its, write	c. LENGTH OF STAY IN 24 DAYS	00	CUMBER		FROSTBUR		D#1		
	d. NAME OF HOSPITA OR INSTITUTION MEMORIAL	WE WARW C	HOSES	TAL		STREET ADDRESS	/ANFARK	MARY/				FARM?
	NAME OF DECEASED (Type or print)	Fi	RICHA	Middle N.		WILSON	4. DATE OF DEATH	NOVEMBE		Day 26	-	Year 19 59
5.	MALE	6. COLOR OR RACE WHITE	_	ED NEVER MARRIED		TE OF BIRTH		9. AGE (In years lost birthdoy) 85 yrs	IF UNDE Months			Min.
	during most of worki	N (Give kind of wark ng life, even if retired M / N P P	س (ا	OA) MING	25	MARYLAN MOTHER'S MAIDEN	D	country)	12. CI	TIZEN OF		OUNTRY?
	BENJAMI	N WILSON				RACHEL			400			55.
	WAS DECEASED EVER	IN U. S. ARMED FOI f yes, give war or dates of		OCIAL SECURITY NO.	MEM	ORIAL HOS	PITAL		dress IBERLA	ND,	MD.	
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO y, which mediate	a	ofor (o), (b), and (c).]	rock.	1					ERVAL BE	
MEDICAL CERTIFICATION	ESI 20a. ACCIDENT WAS	STALLO S UNDERLYING CAUSE OF DEATH	ē S	ONTRIBUTING TO DEATH PENESE HE RIBE HOW INJURY OCCL	Emo	mhape			VEN IN PA	RT 1(a) 1	9. WAS A PERFO YES	RMED?
MEDICAL	20c. TIME OF INJURY Haur o. m.	Month, Day, Ye	ar 20d. IN White ot work	Not white		F INJURY (Home, fo		y or town)		(County)		(State)
	21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Developed the	, 12 <u>5</u> Jere		ath acco	, 19. 57, to_ urred at_2:1 59 (c) Cecim		,			stated	
220	BURIAL, CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	226. DATE THERE	-	22c. NAME OF CEMETER FROSTBURG	Y OR CRE	MATORY IAL PARK,		TION (City, town,			(Stot	e)

may be retained
TO FUNERAL DIREC TO HOSPITAL OR VS A15 (4) 15M 9/5B

23. FUNERAL DIRECTOR'S SIGNATURE

24a. REC'D BY REGISTRAR
BATE DEC 3 '59

24b. REGISTRAR'S SIGNATURE

arthur S. Krous

27/10 16 GIALERINID W00,119 LA LE STATUTE 1.1138/13030 45050 9840 MOOLE DIMENSI THE CONTRACTOR OF STREET JETHORNE JAMES I WESTERNAMENT - 29-59 FRESTRING REPORTAL PARK, TORTHING, PARYLAND

28083 CHANNEL MED COMPANIE STATE CLASSELLES, C. anuon s AARDIEN A NOTHIKH SULADED FOR COMMERCIAL CONTRACTOR OF THE C CAROLE SOMEWHOELD STUDIES SHORAD MELIOPEAL HOSPITAL, CLARESSIAND, MARYLAND DR. EILLER DHIMSTA No.

MARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18
----------	-------	-------------------	----------------------	----

CEDTIEICATE OF DEATH

12091

	1	12098	CERTIFICA	AIL OF DEATH		Reg. Dist. N	o.	
	PLACE OF DEATH D. COUNTY	ALLEGANY	MARYLAND	O STATE	TAND b. COUNTY		fore admiss	
b	RURAL ond give no	If autside corporate limits, write earest town) STBURG	c. LENGTH OF STAY IN 16 4 DAYS	c. CITY OR TOWN (IF OU ECKH	tside corporate limits, write RUI	RAL ond give n	earest town)
c	OR INSTITUTION	TAL (If not in haspital, give stree ERS HOSPITAL		d. STREET ADDRESS	MILL	-0		IDENCE FARM?
0	NAME OF DECEASED (Type or print)	MARY	(REPHANN)	WOLFORD	4. DATE Manth OF DEATH NOVEME	BER	14, 1	Year 19 59
s. s	EX PEMALE	6. COLOR OR RACE 7. MAI	75	APRIL 25, 1	9. AGE (In years I last bythday) 82 yrs.	F UNDER 1 YEA Manths Days	R IF UNDE Haurs	R 24 HRS. Min.
10a.	HOUSEWOL	ON (Give kind of work done 10th king life, even if retired)	OWN HOME	TRY 11. BIRTHPLACE (State of MARYLA		12. CITIZEN	S.A.	OUNTRY
13. (FATHER'S NAME HENR	Y REPHANN		14. MOTHER'S MAIDEN NA	IDINGER	1/-	-3	34
15. Yes,	WAS DECEASED EVE	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		NFORMANT EVEL WOLFORD	Addres			
STORY OF STREET		mmediote (Parcinoma	of Paner	eas	10	ITERVAL BE NSET AND	DEATH
CERTIFICATION			CONTRIBUTING TO DEATH BUT			N IN PART 1(o)	PERFO	AUTOPSY RMED? NO
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Year 20d. Whil		D. (Enter noture of injury in Po ACE OF INJURY (Home, form, tory, street, office bldg., etc.)		(Count)	r)	(State)
	ACTUAL SIGNATURE	Mandania	sed fram AUG, and that death August Land Eug Land HISTEIN. M. D.	accurred at // TO AN A M.D. BRO		an the da	te stated	
	BURIAL, CREMATIO REMOVAL (Specify)	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City, tawn, or	caunty)	(Stote	e)
	J. R. DI		ADDRESS STRUBG, MD.			TRAR'S SIGNAT	4.	

Figure 12 States	ALTHOUGH DELIVER OF THE	TRATES AND	STATISTICS (STATISTICS)	rain and an
. t			12098	1
The second of	autoriens.		WHYDELIA	
			ORIGINAL SERVICES	
res de marchine		1		
	ATALL 25, LIEF			
a				
	OUTSIA YEAR		MIANTER YE	
Joseph C. Car, THARD	a toda ava			
			ALEXANDER STA	
	24/30/2011		St. North	
	ngaran dagara-			
	10.174			LATERS .
		Stan Samuel	TROPIL TENER	.H .T .

TO HOSPITAL OR

VS A15 (4) 15M 10/57

物

CERTIFICATE OF DEATH

12092

12084

Reg. Dist. No.

1.	PLACE OF DEATH a. COUNTY	Allegany		MAR	YLAND	2. USUAL RESIDENCE (No. STATE Mary	Where decease yland	ed lived. If institut b. COUNTY		e before od egany	
	RURAL ond give r	If outside corporate limit corest lown) Cumberland		Syrs. 3mo	LI .	c. CITY OR TOWN (I		orote limits, write l	RURAL ond gi	ve negrest (lown)
V	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g Sylvan R		iress)		d. STREET ADDRESS	12			0	RESIDENCE N A FARM?
	NAME OF DECEASED (Type or print)	Phil		Middle Buck		Yeider	4. DATE OF DEATH	, ^{Mo}		17 ^{Day}	Yeor 19 59
	Male	6. COLOR OR RACE White	WIDOWED	DIVORCE	D 🔲	Feb.2,		9. AGE (In years lost birthday) 68 yrs.	Months I	YEAR IF U	NDER 24 HRS.
	during most of wor	ON (Give kind of work of king life, even if retired)		tired	OR INDUST	RY 11. BIRTHPLACE (Sto Maryla		country)	12. CITI	U.S.	A .
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
		George Yeid	er			Sara	Midde:	lton			
15. Ye	WAS DECEASED EV	R IN U. S. ARMED FOR (If yes, give wor or dotes of se None		CIAL SECURITY NO		FORMANT lie Krapf	106	W. Main		stbu	rg,Md.
7	592x Conditions, if a gove rise to couse (a), stating lying couse last.	the under DUE TO	196	Belig 2 Chr	on	nyocard it neop	lasm	oflow.	natro expal	1. 2	Mg DEATH
CATION		325	ne	whal	N	LALCULULE	P		EN IN PART	PEI	AS AUTOPSY REFORMED?
L CERTIF	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRII	BE HOW INJURY O	CCURRED.	(Enter noture of injury in	Port I or Po	rt II of item 18.)			
MEDICAL	20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Yea	While of work	Not while		CE OF INJURY (Home, for ory, street, office bldg., e		y or town)	(Co	ounty)	(Stale)
	21. I certify the alive an	James E.	2.)	Leand that		.b. 49 Greene	Inc	m the causes of treet, city or town, Cult	and on the	e date st	
220	BURIAL, CREMATIC REMOVAL (Specify BUPIAL	DN, 22b. DATE THEREO 11/19/5		2c. NAME OF CEM	2.00	crematory morial Pa		TION (City, town,			itate)
23	H. Wor	SAIGNATURE Ha		uneral		240. REG	NOV 2 4		STRAR'S SIGI	4.4	

	The state of the s	1-SHEET PARTIES			
	. 50	TE OF PEAUL	CERTIFICA	- isoner	
				A COLUMN TO THE PARTY OF THE PA	
	AC .	S realization			
,				Editory of Aug.	
	е •				
1848 J.					
		the common personal state of the common state			

099

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12093 Dist No

	7			Key, Dist. 140.
1. PLACE OF DEATH o. COUNTY Allegany	MARY	A STATE TO	Where deceased lived. If institution with the country and b. COUNT	rtion: Residence before admission) Y Allegany
b. CITY OR TOWN III outside corporate limits, wri			If outside corporate limits, write	
and give nearest town)				
Cumberland	DOA		ldtown Rd. #	
d. NAME OF HOSPITAL OR INSTITUTION				e. IS RESIDENCE ON A FARM?
Memorial Hosp	ital DOA	Rd#1		YES NO
3. NAME OF Fi OECEASED (Type or print) Marth	rst Middle .8 Ellen	Yonker	4. DATE Month	Doy Year 23 19 59
	7. MARRIED NEVER MARRIED		9. AGE In years	IF UNDER TYEAR IF UNDER 24 HRS
	WIDOWED DIVORCED I	_ May 11 188	3 las 76 day)	Months Days Hours Min.
Female White 100. USUAL OCCUPATION (Give kind of work				12. CITIZEN OF WHAT COUNTRY
Housewife	Own Home	Rawlings,	Maryland	USA
13. FATHER'S NAME Roland Ravenscraft		Martha		owan
15. WAS DECEASED EVER IN U. S. ARMED FO	DRCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	Rt. 1 Address	
NO (If yes, give war or dates of	none	Francis Yonke	r Oldtown, Ma	aryland
18. CAUSE OF DEATH [Enter only one co	use per line for (a), (b), and (c).			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Corons	ry Occlusion		Sudden
420,1 DUE TO				
Conditions it and others	Corone	ry Sclerosis		**
gave rise to immediate cause	·			
(a), stoting the underlying DUE TO				
couse lost.		BUT NOT BELLTED TO THE TERM	UNION DISEASE CONDITIONS ON	
PART II. OTHER SIGNIFICANT CON 20g. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 2 CAUSE OF DEATH.	DITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	TINAL DISEASE CONDITION GIV	/EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
20g. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	Ob. DESCRIBE HOW INJURY OCCUR	RED. (Enler nolure of injury in Pa	rt I or Part II af item 1B.)	
3 20c. TIME OF INJURY Month, Day, Ye	or 20d. INJURY OCCURRED 20	e. PLACE OF INJURY (Home, for	m, i 20f. (City or town)	(Caunty) (Stote)
20c. TIME OF INJURY Month, Day, Ye Hour o. m. p. m. 19	While Not while	foctory, street, office bldg., eld	(-)	
			<u> </u>	
21. I certify that I took charge		The second secon	sy [], Inspection [],	Inquiry X, and find the
deoth resulted from: Natural	causes , Accident ,	Suicide , Homicide	e 🔲, Undetermined o	ouse .
2 11	1			
ACTUAL SIGNATURE O SKI	Tarelia)	M.D. CHIEF MEDICAL E	XAMINER [DATE SIGNED
SIGNATURE AS TO A	AD BUCK	ASSISTANT MEDIC	CAL EXAMINER [7]	
EXAMINER'S NAME (Type) B. Skitar	alsa W.D	DEPUTY MEDICAL		mhom 07 1050
22a. BURIAL, CREMATION, 22b. DATE THERE			7 11000	mber 23, 1959
REMOVAL (Specify)			22d. LOCATION (City, town,	
Burial 11/25/5		Burial Park	Cumberland,	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE
John J. Hafer, Cum	berland, Maryla	nd DATE	YOV 3 0 '59 C	ribus S. Frank

VS. A15ME(5) 5M 9/55

ar removal.

2

		DANCIES STATE CHI		
			100	- MERM
THE RESERVE OF THE RE	otto de la comi			
01	6881 T1 Vall			THE PARTY OF
Zan	Tools and Two	productions		ellwolues
namedon mel			A FACTORINA	
to a long to a l	the state of the second second	THE THOUSAND BEST		
	Manual es ve			
	and the same of			
		4.0	canada	
berland, saryland	and sirely do mid	Amoso Para	ea\ac\u_y	
		nestwork, number		VENTAL STATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

12094

12099	1	2	0	9	9			
-------	---	---	---	---	---	--	--	--

Reg. Dist. No.

1.	o. COUNTY Allegany	na l	MARYLAND	2. USUAL RESIDENCE a. STATE Md	CE (Where deceased	lived. If instituti b. COUNTY			sion)
	b. CITY OR TOWN (If outside cor RURAL and give nearest town)	porote limits, write	c. LENGTH OF STAY IN 16		N (If outside corporernport	ote limits, write R	URAL and give	nearest tow	n)
	d. NAME OF HOSPITAL (If not in OR INSTITUTION Miners Hospital	hospital, give street	/d. STREET ADDRESS 291 Main St. Ext.				e. IS RESIDENCE ON A FARM? YES NO		
3.	NAME OF DECEASED (Type or print) Grac	First e	Middle	Zais	4. DATE OF DEATH	Nov.	_	Day .6	Yeor 19 59
	Female 6. COLOR Whit		RIED NEVER MARRIED DIVORCED DIVORCED	April 3,	1888	9. AGE (In years lost birthday) yrs.	Months Day		ER 24 HRS. Min.
10	o. USUAL OCCUPATION (Give kinduring most of working life, ever HOUSE WITE	d of work done 10b. if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE Maryl:		untry)		S.A.	COUNTRY?
13	David Macfarli	ne		14. MOTHER'S MAI	IDEN NAME	er			
15	(es, no, or unknown) (If yes, give war	RMED FORCES? 16. or dates of service)	SOCIAL SECURITY NO.	NFORMANT Adam Zais	-Western	port, Md			
MEDICAL CERTIFICATION		DUE TO (b) DUE TO (c) ANT CONDITIONS (C) ANT CONDITIONS (C) ANT CONDITIONS (C) DOY, Year 20d. I While	Not while fo		ury in Port I or Port		YEN IN PART 1(c	YES T	AUTOPSY ORMED? NO (Stote)
*	21. I certify that I attendive an Movie ACTUAL SIGNATURE	ded the decease 12 , 192	and that death		ADDRESS (Str	the causes an	nd an the do	ate state	
22	Po. BURIAL, CREMATION, 22b. DA	TE THEREOF	22c. NAME OF CEMETERY C	DR CREMATORY		ION (City, town,	ar county)	(Sto	
23	Burial 11/		ADDRESS Westernport	24a	REC'D BY REGISTI	RAR 24b. REGI	STRAR'S SIGNA		d.

oth. Page 4

the funeral director, should be filed with

TO HOSPITAL OR AT NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retained by hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours offer death.

IDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

VS A15 (4) 15M 9/58

MERCAN TO TRUBETED IN CONTROL all the grant of the state of t Late of the second of the seco